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ABSTRACT

This manual includes all necessary information for implementing the Champs program, which trains older elementary school students or middle/high school students to operate puppets to deliver an HIV/AIDS message to kindergarten through sixth graders. Relying on a peer approach, the Program provides scripted, prerecorded lessons intended to reach younger elementary youth with age-appropriate messages about HIV/AIDS. A basic premise is that the health message will have maximum impact if it comes from a student's peers or from respected older students. The material is divided into sections, the first two of which describe the Program and the Kit (puppets, videotape, and audio tapes) including instructions for constructing the puppet stage. Following sections are: The Need for HIV/AIDS prevention education, with suggestions on how to teach the material in the primary grades; The Method, including peer led activities and grade-specific puppet scripts and supplemental materials; The Puppets, covering puppeteering technique, tips for developing a good show, and advanced manipulation skills; The Facts, involving in-service materials for staff and parents, materials for overhead projection, lesson plan, general facts and information about HIV/AIDS; and The Results, including Program evaluation materials. (MSF)

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ED 373 295

Training Manual for

CHAMPS

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HIV/AIDS Prevention

Developed by CHAMPS Peer Leadership
14425 N. Scottsdale Rd. Suite 400
Scottsdale, Arizona 85254-3449
(602) 991-9110

This project was developed for the purpose of preparing school and community youth workers to train older elementary youth to operate the HIV Puppets (Harvey, Iva & Victor) using scripted, prerecorded lessons for younger elementary students. This is an innovative peer approach in reaching elementary youth with age appropriate messages about HIV/AIDS.

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SECTION I: THE PROGRAM: *An Introduction*

SECTION II: THE KIT: *What You Have And How It Works*

SECTION III. THE NEED: *Elementary AIDS Prevention Is A Must*

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SECTION I

THE PROGRAM:

An Introduction

ORIENTATION TO HOW ALL THIS WORKS

AIDS is a serious disease. To know the facts is to know that we must educate our children so as to prevent and protect them from the spread of this deadly virus. As educators and youth service providers, we cannot take a "wait and see" attitude. We must act responsibly and meet the challenge.

We realized that approaching the HIV/AIDS issue with young children would meet with resistance, caution and concern. It was imperative that we develop an innovative and simple approach, yet one that will obtain the desired results of preventing HIV infection.

The overall goal of our efforts was to make sure that youngsters receive and understand age appropriate information about HIV/AIDS. Since more and more elementary age children have been diagnosed with AIDS, or are HIV positive, we need to take a proactive role in prevention education. Youngsters need to know the facts as they are appropriate to their ages, as well as develop a sensitive and caring attitude toward those infected with the virus.

We also know that you, the teacher or youth provider, are being asked to do more and more to solve society's ills. We developed our simple, innovative approach to show an appreciation of your time and the demands that are put on that time.

We know that it is imperative to respect family values, making sure that the issues are addressed with parents. We must see that they too are informed and educated about HIV/AIDS.

Finally, we looked for a delivery system that would get the attention of young people and make sure the information was clear, concise, appropriate and understandable.

With our years of experience in the peer leadership field, and in particular with the CHAMPS Program, we knew that a peer approach was the answer. Peer pressure exists, and though it is often thought of in a negative sense, it can be just as powerful as a positive forced. CHAMPS Peer Leadership knows how to make that change.

CHAMPS HIV/AIDS Elementary Prevention is here. It is simple, innovative, respectful of your time, uses a peer approach, is thoughtful of family values and it gets results. In a pilot study conducted by the Arizona Department of Education, the number of children who were frightened by AIDS was cut in half. The number of children who felt they had someone to talk to about AIDS increased 5 1/2 times, and the number of students who know key facts about AIDS tripled.

To make the program come to life, older elementary students are trained to operate the HIV Puppets, Harvey, Iva, and Victor. They present age appropriate pre-recorded lessons to younger students, complete with original music. The lessons come from the puppets, since they have tremendous power to communicate positive messages. The older students present the program which immediately says to the younger students,"This is cool," This is important." Younger students respond well, thinking, "I'm going to listen."

It is all here. Your task will be to set up your student puppeteer team or teams and have them deliver the pre-recorded, scripted lessons to each grade. You have scripted presentation materials with overhead master copies so you can in-service parents and staff.

All you need is within the covers of this manual and in your kit.

We hope you are as excited as we are to have a method with which to deliver such an important HIV/AIDS message to our young people. Don't make it difficult. Use our simple innovative peer approach. . . . and see the results.

THE LOGISTICS STEPS
YOU
NEED TO KNOW

1. Select Coordinator and/or 3-5 Member Prevention Team.
2. Orient Coordinator/Team To The Role of the Prevention Team (See Section II, Page 1)
3. Conduct Staff In-service (See Section VI, Pages 1-13) (Highly Recommended)
4. Conduct Parent In-service (See Section VI, Pages 1-13) (Highly Recommended)
5. Conduct CHAMPS HIV/AIDS Training (See Section IV, Pages 79-84) (All 6th Graders or Other Grade Level)
6. Select CHAMPS Puppeteers
7. Practice With CHAMPS Puppeteers to Polish Their Show
8. Pre-Test Students
9. Conduct Shows
10. Post-Test Students

GOALS AND OBJECTIVES

GOAL:

To prevent the spread of HIV/AIDS by increasing elementary students', staff and parents' accurate knowledge about the disease and compassion shown to those who suffer from it.

OBJECTIVES:

1. To increase the awareness of elementary school staff, parents and students regarding HIV/AIDS.
2. To educate local school staff as to HIV legislation and the need to conduct HIV education K-12.
3. To utilize peer leaders to set a social norm of understanding about HIV/AIDS, commitment to low risk behaviors, and compassion for people with AIDS.
4. To reduce the incidence of HIV infection in young people.

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Bill Hawes
Mark Hawes
Robin Nelson

Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control, Atlanta, Georgia

Brenda Henderson, Director, Comprehensive Health Unit, Arizona Department of Education

Ruth Grove, HIV/AIDS Specialist, Arizona Department of Education

Churchill Films

Arizona Prevention Resource Center

Martha Jones, Arizona AIDS Project

Susan Schweikert, Dallas, Texas

Suzanne Hunt, for her many hours of hard work, patience, and inspiration toward the completion of this work.

ABOUT THE AUTHORS

PATRICIA EPPS began specializing in drug and alcohol prevention when she attended School Team Training for the United States Department's Regional Training Center in 1985. The following year she served on the training staff. While a teacher in the Paradise Valley Unified School District in Phoenix, Arizona, Ms. Epps coordinated and designed a prevention curriculum program for a middle school which received the White House Recognition Award and was the only middle school in the United States to be listed in the U.S. Department of Education's booklet "Schools Without Drugs." Ms. Epps served as Prevention Coordinator for the Paradise Valley Unified School District in Phoenix, Arizona. Pat is one of the original developers of CHAMPS, a positive peer leadership program which targets fifth through eighth graders, CHAMPS II for high school youth, and most recently, CHAMPS HIV/AIDS Prevention Program. Ms. Epps conducts training for teachers and students across the country, specializing in school staff retreats and district School Team Training events. Pat has taught at the elementary, middle and high school levels. She holds a life-time teaching credential from the State of California and has done extensive work in curriculum development and programs for high risk youth. Pat holds a Bachelor of Arts Degree with an Education major from San Jose State University and has done Graduate work at Ottawa University.

ALISON VALLENARI has spent 16 years specializing in drug and alcohol abuse prevention and education. She has served as the Director of Training for the United States Department of Education's Southwest Regional Training Center in "The School Team Approach." Prior to that, Ms. Vallenari consulted throughout the Southwest Region, and the Midwest Region since 1975. Ms. Vallenari has served as Training Director for School Team Training Cycles throughout the country, and has provided technical assistance to over 100,000 school and community personnel in some 500 school districts across the nation. She is the former Director of Counseling for Pre-Hab of Mesa, a community drug treatment agency having conducted prevention support groups in the schools. Alison has taught high school social studies and directed her own private counseling practice. Ms. Vallenari has become a nationally known specialist in Peer Leadership programs, having developed and conducted hundreds of elementary school, middle school and high school peer programs. She is also an original developer of the CHAMPS Peer Leadership Program, CHAMPS II, for high school youth, and CHAMPS HIV/AIDS Prevention Program. Alison has a Bachelor's Degree in History Education, a Master's Degree in Secondary Education and a Master's Degree in Counseling Psychology.

SECTION II

THE KIT:

What You Have

&

How To Use It

THE HIV/AIDS PREVENTION TEAM

While one motivated coordinator can do a great job, CHAMPS suggests that schools identify a team of 3-5 people to coordinate the HIV/AIDS prevention program, hereafter called the HIV/AIDS Prevention Team. The responsibilities of the HIV/AIDS Prevention Team are threefold:

- **With the Team**
- **With the Staff and Parents**
- **With the Students**

With The Team

1. Understand the Logistics of CHAMPS HIV/AIDS Peer Leadership Program.
   (See the Logistics Steps You Need To Know. Section I, Page 3)

2. Familiarize themselves with the value of a peer leadership approach to education.
   (See Why Use A Peer Approach? Section IV, Pages 1-3))

3. Become informed about current HIV/AIDS information.
   (See HIV/AIDS Overhead Presentation. Section VI, Pages 1-13)

With The Staff & Parents

4. Conduct Staff/Parent In-service
   (See HIV/AIDS Overhead Presentation. Section VI, Pages 1-13)

5. Select One Grade Level for which each Prevention Team Member will take Responsibility.

With The Students

6. Work as a Prevention Team to Conduct 6th Grade (or other) CHAMPS HIV/AIDS Training.

7. Work With Selected Puppeteers to Polish the Show for Your Grade Level (practice at your convenience 2-3 times for 15-20 minutes each)

8. Make Arrangements with Grade Level Teachers for their Puppet Shows. Provide each Teacher with a Copy of the Script for their Grade.

9. Present Shows and Have Fun!

10. Evaluate (See Section VII, Pages 4-6)

THE PUPPETS

The three H.I.V. Puppets, Harvey, Iva, and Victor are specially designed for children for CHAMPS. They are produced by Puppet Productions, makers of the finest professional hand puppets in the United States, including the popular McGruff. Harvey and Iva are thirteen inches high and Victor is eighteen inches high. They are easily operated and with some practice can look quite professional.

They are best stored in a cool, dry place. Often they are kept clean best by placing them in plastic bags before storing and requiring children to wash their hands before each use.

Displaying Harvey, Iva and Victor in the office, classroom, PTA Meeting or Open House reinforces the student concepts and delivers an important message to staff and parents. The puppets are attractively displayed in a variety of ways including simple dowel rods drilled into a 7" square piece of wood. These materials are inexpensively and conveniently found at local craft or hardware shops. One additional tip for display. It is helpful to partially close the puppets mouths by inserting a spring clothespin inside.

THE VIDEO TAPE

The CHAMPS HIV/AIDS Videotape provides you with an overview of the program and puppetry training. It should be shown to any interested groups to clarify the peer leadership method. It should definitely be shown to the selected CHAMPS Puppeteers to begin their Puppetry Training. Staff members and parents may also find the video tape to be enlightening and fun.

THE TAPES

The six audio cassette tapes are each 5-8 minutes long. They include introductory and conclusionary music, scripts and original songs for each grade K-5. They can be played on any good cassette player and we suggest that you test for audibility prior to any training or performing.

THE HIV/AIDS MANUAL

The CHAMPS HIV/AIDS Manual is designed to be quickly and easily read with supplemental materials for extra HIV/AIDS information in the back. Everything you should need to know is included in the written materials, although if questions do arise, they can be directed to CHAMPS Peer Leadership at (602) 991-9110.

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CHAMPS Peer Leadership
14425 N. Scottsdale Rd., #400
Scottsdale, Arizona 85254-3449

You may duplicate without written permission the following items:

1. All overhead transparencies for Staff/Parent In-service.
2. Copies of grade level scripts for teachers, parents, or puppeteers.
3. Any other individual items as hand-outs for staff, parents or students.

We only ask that you do not reproduce the CHAMPS HIV/AIDS Manual. It was developed with great care, utilizing all our combined experience, resources, and best efforts. We appreciate your respect of our efforts.

Extra manuals can be purchased, at your request, from CHAMPS at the above address. A complete list of CHAMPS products and prices is available on page

SHORT STANDING PUPPET STAGE

Assembly Instructions

Tools needed for assembly:
none
Tools needed for optional joint pin additions:
drill with 1/8" bit
wire cutters
file

PARTS LIST

- 4 legs @ 54" (blue)
- 2 sides @ 14" (green)
- 2 side runners @ 14" (green)
- 1 front cross member @ 42" (red)
- 1 front runner @ 42" (red)
- 4 joint assemblies
- 4 90° joints

All lengths of pipe have been color coded to simplify assembly.

CURTAINS

- 1 curtain (royal blue) - 15' x 5' 4"

© 1990 puppet productions

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desoto, tx 75123-1066

STEP 1 - *INVENTORY*

Check to be sure you have received all parts to your Standing Puppet Stage. Match each part with its corresponding description on page 1.

STEP 2 - *LAYOUT*

Begin assembly by laying out parts on the floor near their approximate finished positions (see illustration A).

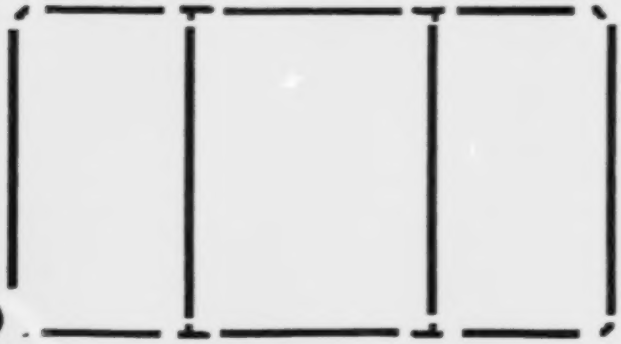

illustration A

STEP 3 - *ASSEMBLY*

Assemble the stage frame as shown in illustration B. Be sure to press all parts together completely. HINT: Twisting the pipe as you insert it into joints and joint assemblies will help get the job done with less effort.

STEP 4 - *CURTAIN*

Putting the curtain on your stage frame is as simple as threading the pipe through the large hem in the top of the curtain.

The curtain will be suspended from the three horizontal pipes which make up the upper stage area. While still joined together, remove these three pipes from the stage legs and thread the curtain onto the assembly with the fuzzy side of the fabric out. At two locations in the top hem, there will be an opening. You will find these openings at approximately 6 feet from either end of the curtain. Line up the hem openings with the down opening of each joint assembly, and replace the horizontal pipes on the stage legs. Be sure the legs are on the *inside* of the curtain.

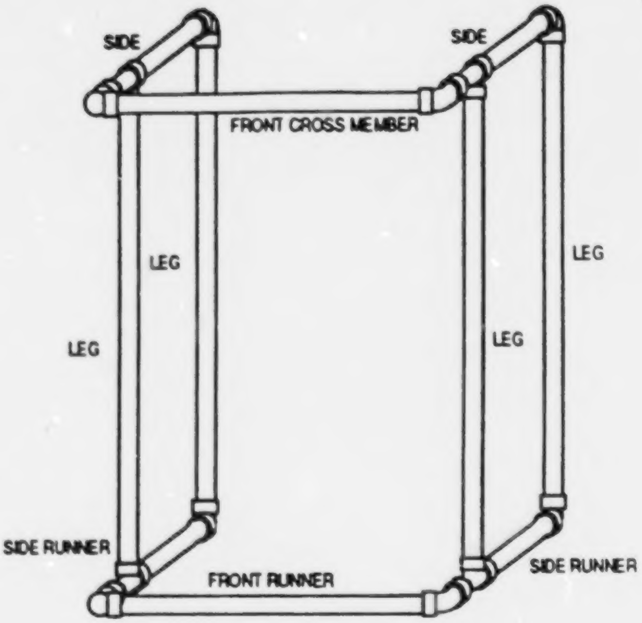

Illustration B

Your Standing Puppet Stage is now assembled. For best results, take a few minutes to even out the draping of the curtains. Remember, your stage is what your audience sees first - make sure it looks nice.

NOTE: Due to the inconsistencies of the plastic used in making your stage frame, some stages may have a tendency to come apart at the joints. There are two ways of correcting this problem. PVC pipe glue readily available at hardware or building supply stores, and is an effective adhesive. In addition, you may want to:

OPTION #1 - *TAPE JOINTS*

The simplest method of dealing with a stage that continually pops loose at the joints is to tape the joints. To do this, wrap wide masking tape around the the joint *and* the pipe (which is inserted into the joint) at the point where the two pieces overlap. This should be done before threading the curatin onto the frame. Remember to remove the tape before disassembling the stage.

OPTION #2 - *STAGE PINS*

A more permanent method of keeping your stage together, is the addition of pins to strategic joints. Simply put, a hole is drilled through the the joint *and* the pipe (which is inserted into the joint) at the point where the two pieces overlap. Then, a nail is dropped (vertically) into the hole and all the way through both the joint and the pipe (see illustration C). This "pins" the two pieces together in a temporary but quite secure manner. The pin can be easily removed to facilitate transportation of the stage. If you have not glued your stage, we suggest pinning each end of each horizontal joint. If you have glued your stage, pin only the points where glue has not been utilized.

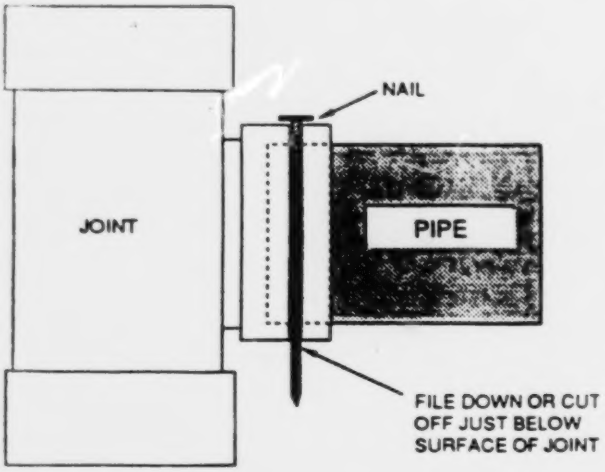

Illustration C

SECTION III

THE NEED:

Elementary HIV/AIDS
Prevention is a Must!

THE NEED FOR HIV EDUCATION

The worldwide epidemic of HIV infection and AIDS has challenged us for a decade. As of February 1991, the World Health Organization estimates that, conservatively, 8-10 million people are now HIV-infected throughout the globe.

Approximately one in ten people infected worldwide reside in the United States. Of these individuals, over 180,000 are either experiencing life-threatening illnesses or are already deceased.

NEED AT ELEMENTARY LEVEL

In a 1987 NBC Survey, 91% of adults approved the teaching of AIDS Prevention in public schools.

We now know that hundreds of elementary children infected with HIV are in our public and private schools. True prevention is only possible at an early age. More and more states are passing legislation requiring K-12 HIV/AIDS education. The U.S. Department of Health and Human Services, Centers for Disease Control, has allocated limited funds to all state Departments of Education to assist schools by developing teacher training programs and educational guidelines in an effort to provide our students with potentially life-saving information. It is important that we are pro-active rather than reactive in our responsibility to educate.

The rationale for elementary HIV/AIDS Prevention is simple:

- Children have heard about AIDS.
- Children may be afraid, confused or have the wrong information about AIDS.
- Education is our best weapon.
- True prevention is educating early

After a decade of experience in HIV prevention, the World Health Organization states that three elements are required to slow down the spread of HIV disease:

- Accurate Information and Education
- Adequate Health and Social Services, and
- A Compassionate Response.

There is still no cure for HIV disease. While treatments are extending life and improving the quality of life for those infected, it remains a physically, emotionally, and financially devastating health challenge. We must do all in our power as parents, educators, and community health professionals to prevent the further spread of HIV disease among our youth.

HOW TO TEACH HIV EDUCATION IN THE PRIMARY GRADES

Child development professionals agree that children learn health-promoting behaviors best if they are taught within the context of a K-12 comprehensive health education program. To be effective, information about HIV disease transmission and prevention must be repeated over a span of time. Considering the devastating consequences of this disease, and the knowledge that it is preventable, beginning in the elementary grades maximizes our chances of being effective.

In the primary grades, children are also naturally curious about their world, and their interest in diseases, including AIDS, is normal and healthy. Our main objective when teaching young children about this disease is to diffuse fear and reassure them that they cannot contract HIV disease from participation in normal school activities. We must emphasize that HIV/AIDS is actually hard to get, that it primarily affects adults, and that health care specialists are working very hard to find a cure for the disease.

HIV education in the primary grades does not focus on human sexuality but rather emphasizes good hygiene and safety. For instance, one message we want to get across to kindergartners is not to pick up or play with sharp objects they might find on the ground, such as shards of glass or used syringes. We want them to respect blood as a source of germs, instruct them not to touch another person's blood, even a friend's or family member's, and tell them to get help from an adult if the person who is bleeding needs assistance.

IMPORTANT ISSUE
K-12 HIV/AIDS LEGISLATION

State Legislatures and school boards throughout the United States are struggling with the issues of HIV and AIDS education. Most are requiring prevention to be conducted with all grades, and are also encouraged to educate parents and school staff.

For those of you who are unfamiliar with HIV/AIDS Legislation in your state, we offer you the following samples including:

- HIV Legislation
- Implications for Schools
- Questions and Answers Concerning the Law
- Sample Parental Notification Letter

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HIV LEGISLATION-IMPLICATIONS FOR SCHOOLS

There are two pieces of HIV/AIDS legislation in Arizona which have a direct impact on schools: S.B. 1396 and H.B. 2126.

S.B. 1396 - MANDATING K-12 HIV EDUCATION IN ALL PUBLIC SCHOOLS

This bill was passed during the legislative session which ended in July 1991. The requirements of the bill go into effect within 90 days of passage. Basically, all schools will be asked to begin providing HIV education to their students at some point during the 1991-1992 school year.

Each district is permitted to develop its own curricula, but it must meet the following criteria:

1. Be age-appropriate instruction.
2. Be medically accurate.
3. Promote abstinence (from sexual intercourse).
4. Discourage drug abuse.
5. Dispel myths regarding transmission of HIV.

The bill was also amended to state that no district shall include in its course of study instruction which promotes homosexuality or portrays homosexuality as a positive, alternative lifestyle. A final statement reads that instruction may not suggest "that some methods of sex are safe methods of homosexual sex."

At the request of a school district, the Department of Health Services and the Department of Education shall review instructional materials for both age appropriateness and medical accuracy.

In addition, the Department shall also provide the following assistance, upon request:

1. A suggested course of study.
2. Teacher training.
3. A list of available resources.

The bill also states that parents must be informed by their local school when HIV education is going to occur, so they may withdraw their child from such instruction if they so choose.

QUESTIONS AND ANSWERS CONCERNING ARIZONA SENATE BILL 1396

1. **In one sentence, what does this bill mandate?**

A. HIV/AIDS education in grades kindergarten through twelve in all public schools in Arizona.

2. **When does this law go into effect?**

A. September 21, 1991.

3. **Does this mean that school districts must have an HIV/AIDS education program in place by September 21, 1991?**

A. No. School districts need to be aware of the mandate, and working toward putting an appropriate program into place. Many already have a strong HIV/AIDS education program.

4. **How much time must be devoted to HIV/AIDS education at each grade level?**

A. This is left to the discretion of the individual school districts.

5. **Does the state have a mandated HIV/AIDS curriculum that schools must follow?**

A. No. SB 1396 specifically says that each school district is free to develop its own course of study.

6. **Where can a school district get help in developing its own course of study?**

A. The Arizona Department of Education (ADE), Comprehensive Health Unit. There are two HIV Education Specialists to assist in curriculum, training and teaching resources.

7. **Is there "AIDS money" like there is "drug money" to assist the schools in developing programs?**

A. Not as such. There is no "AIDS money" that can go directly to schools. However, all teacher training and materials provided by ADE are free to schools.

8. **Is there "state money" involved in HIV/AIDS education?**

A. No. The two HIV Education Specialists and their clerical person are paid by the federal government through a continuing agreement with the Centers for Disease Control.

9. **Who will teach HIV/AIDS education in the schools-does this mean hiring another staff member?**

A. HIV/AIDS education can be taught by classroom teachers, by health educators, school nurses, teachers of science, economics - any discipline. It does not necessitate hiring additional staff.

10. **How does a teacher become qualified to teach HIV/AIDS education?**

A. The HIV Education Specialists at ADE will be giving 12 two-day trainings at various locations throughout the state during the next six months. Two of these programs will be specifically for educators of children with special needs.

11. **Things about AIDS keep changing - treatments, how it is contracted, who can get it - how do I get the latest information?**

A. The Centers for Disease Control's National AIDS Hotline (1-800-342-AIDS) offers 24 hours service, seven days a week to respond to any questions you might have. The service is available in Spanish (1-800-344-SIDA) and for the hearing impaired (1-800-AIDS-TTY).

For Free publications and posters call the National AIDS Information Clearinghouse (1-800-458-5231).

The Arizona Department of Health Services in conjunction with the Arizona Department of Education will be happy to review school educational programs for medical accuracy.

12. **There is no money in my school budget for AIDS education. How can I get videos, visual aids, and other materials to use in classrooms?**

A. The ADE Program Review Committee on HIV has previewed numerous videos and books this summer for medical accuracy, age appropriateness and quality of presentation. Several were highly recommended, and will be available on a free, time-limited loan basis, through the new Arizona Prevention

13. **Why did the legislative mandate include children as young as kindergarten to receive HIV/AIDS education?**

A. Ideally, HIV/AIDS would be taught within a context of a comprehensive health program, and beginning with kindergarten lays a foundation for basic good health practices.

14. Exactly what can you teach a child about HIV/Aids at age five or six?

A. Very young children are taught about general good hygiene-hand washing, covering mouth or nose when sneezing or coughing, etc. Examples of AIDS-specific instruction would be not touching someone else's blood, what to do when there is an injury (call the nurse or other adult).

15. When do you start teaching about sex, homosexuals, drugs and condoms?

A. This is at the discretion of the school district. Many districts will choose to teach abstinence only, from both drugs and sex. Other districts will introduce the topics listed above as they become appropriate to their curriculum.

16. If the state doesn't mandate a curriculum, and it's at the discretion of the individual school district, who in that school district can have input?

A. Most school districts have a committee representing faculty, school board, parents and community-at large who determine the needs of their community. There are many sample programs from the most conservative to the most liberal to use as a guide, in addition to the K-5 and 6-12 guides developed by ADE.

17. May a parent opt to have a child excused from HIV instruction in the school?

A. Yes, this is provided in an amendment to SB 1396.

SAMPLE PARENTAL NOTIFICATION LETTER

Dear Parent or Guardian:

In response to the growing threat of HIV disease to our population, the 1991 Arizona State Legislature passed S.B. 1396, mandating K-12 HIV Education in all public schools. The ________________________ School District has developed (or adopted) an appropriate program with the assistance of parents, educators, and community leaders.

A meeting(s) will be held on _________(day of week), _________(month, day, and year), from ___________ (time) to __________ at ________________________________ (place) to provide parents with an opportunity to preview the HIV Education Program. All instructional materials will be available for your inspection.

If you wish to excuse your child from instruction on HIV/AIDS, please put this request in writing so that we have verification of your wishes on file.

We look forward to seeing you and discussing this important topic with you.

Sincerely,

(School Principal or District Superintendent)

EDUCATION AFFECTS AIDS RELATED BEHAVIORS

July, 1992

Young men safer after being taught abstinence, AIDS

Cox News Service

Parents and politicians sometimes oppose sex education and AIDS education for youths because they think it might encourage promiscuity, but the opposite may be true, a study suggests.

Male youths actually have safer sexual behavior after receiving sex education and education about acquired immune deficiency syndrome, according to a study by the Alan Guttmacher Institute in New York City. And training in how to say "no" apparently had a greater impact on decreasing sexual activity than did education about AIDS or birth control.

"The bottom line," said Leighton Ku, senior researcher at the Urban Institute in Washington, D.C., "is that when young men get these kinds of education, they have sex less often, have fewer sexual partners and use condoms more often when they do have sex."

The research, conducted by Ku, Freya Sonenstein and Joseph Pleck, found that young men who are taught in high school about AIDS; prevention of AIDS and sexually transmitted diseases; birth control; and how to say no to sex have less risky sexual behavior than they did before receiving instruction.

They caution that it was hard to separate the effects of one form of sex education from another.

Ku said that because AIDS education and sex education are linked with decreases in risky sexual behavior and increased use of condoms, neither should be overlooked.

The study, based on one-hour interviews and short questionnaires with a nationally representative sample of 1,885 15- to 19-year-old males, found that 73 percent reported receiving formal education in school about AIDS, 79 percent were taught about birth control, and 58 percent were told about resisting sexual activity.

Researchers estimated these effects associated with AIDS education: A 4 percent increase in teens who had no sexual partners in the past year, a 7 percent decrease in those who had not used condoms in the past year, and a 9 percent increase in those who said they used condoms 100 percent of the time.

AN INTRODUCTION TO THE PROBLEM

What Is HIV Infection?
And What Is AIDS?

Young People Do Get AIDS

Many people think that young people don't get AIDS. That's not true. AIDS can affect anyone--of any age, of any ethnic or racial background--who engages in behavior with an infected person that can transmit HIV, the virus that causes AIDS.

As of June 1992, more than 218,000 people in the United States have been diagnosed with AIDS. Because a person can be infected with the virus that causes AIDS for as long as 10 or more years before the signs of AIDS appear, a significant number of these young people would have been infected when they were teenagers.

Many teens engage in behaviors that increase their risk of becoming infected. Adults sometimes have no idea that the young people they know may be having sexual intercourse or experimenting with intravenous (IV) drugs. These activities can increase their risk of infection with the virus that causes AIDS.

All young people need to know about AIDS and the specific actions they can take to protect themselves and their loved ones from becoming infected. Let's begin with the basics.

What is AIDS?

AIDS stands for *acquired immunodeficiency syndrome,* a disease in which the body's immune system breaks down. The immune system fights off infections and certain other diseases. Because the system fails, a person with AIDS develops a variety of life-threatening illnesses.

Some Disturbing Facts

Surveys have found that:

- the average age for a girl in the United States to have sexual intercourse for the first time is l6. The average age for a boy is 15.5.

- it is estimated that 2.5 million teens are infected with sexually transmitted diseases (venereal diseases--VD) each year. The virus that causes AIDS is sexually transmitted.

- 60 percent of all American high school seniors have used illegal drugs. Some of these drugs are injected. The virus that causes AIDS is spread through the sharing of IV drug needles or syringes.

AIDS Is Caused By HIV Infection

AIDS is caused by the virus called the *human immunodeficiency virus*, or HIV. A virus is a small germ that can cause disease.

If HIV enters your bloodstream, you may become infected with HIV. A special blood test can detect HIV infection.

A person who is infected can infect others, even if no symptoms are present. You cannot tell by looking at someone whether he or she is infected with HIV. An infected person can appear completely healthy.

Even when no symptoms are visible, however, anyone infected with HIV should be under a doctor's care.

People infected with HIV can develop many health problems. These can include extreme weight loss, severe pneumonia, a form of cancer, and damage to the nervous system. These illnesses signal the onset of AIDS. In some people, these illnesses may develop within a year or two. Others may stay healthy for as long as 10 or more years before symptoms appear.

No one will develop AIDS unless he or she has been infected with HIV. By preventing HIV infection, we can prevent AIDS.

SECTION IV

THE METHODOLOGY:

A
Peer
Approach
At
Its Best

WHY USE A PEER APPROACH ?
The Rationale and The Research

THE RATIONALE

With the increasing demands on educators and youth service providers to meet the prevention needs of young people today, we must find a way to work "smarter, NOT harder". Students need to become our resources in solving the serious problems within our schools and communities. They most definitely can become part of the solution rather than just part of the problem. In fact, when they are seen as part of the solution, we are much more effective.

Traditional social science research basically focused on the adult/child interaction. Because of the school structure there was almost a negative bias toward peer influence. Student to student interaction was discouraged and sometimes even punished.

Over the last several years we have come to realize that:

- Peer pressure can be a positive force
- Peer interaction is conducive, perhaps even essential for early achievement
- Peers are becoming the primary relationship for development and socialization
- Peers influence:
  - Social Skills
  - Achievement
  - Sharing
  - Comforting
  - Self Esteem
  - Identity
  - Helping
  - Empathy

The rationale becomes simple. We need peers because:

- Adults are unable to provide sufficient social support.
- Peers may be the only support system available to some children.
- We must provide every opportunity for children to be a resource to each other.

When life skills are learned through experience and practice as they are in CHAMPS Peer Leadership, protective factors develop which insulate them against the destructive influences which they inevitably face in our society.

THE RESEARCH

Bonnie Bernard wrote in her publication *The Case For Peers* 1990, that "We need to adopt a peer resource model of education in which schools and classrooms are restructured so that youth from early childhood through late adolescence are provided ongoing, continuous opportunities to be resources to each other. I have referred to peer programs in the past (Bernard, January, 1988) as the 'lodestone to prevention', based on their effectiveness in reducing the rate of substance use in adolescence." The author goes on to say that the rationale for a peer resource model of education is absolutely compelling.

Two independent meta-analyses (Tobler, 1986; Bangert-Drowns, 1988), evaluating hundreds of prevention programs and strategies, each found that "peer programs are dramatically more effective than all other programs, even at the lowest levels of intensity (hours spent in prevention programming)" (Tobler, 1986 P.555).

According to Bangert-Drowns, when intensity was higher, the peer program effects were more pronounced. (1988)

CHAMPS Peer Leadership has trained thousands of adults who have in turn trained over 100,000 young people to be peer leaders. These children have been empowered to make a difference. These peer leaders have been fifth graders and sixth graders who have taken responsibility for the problems and issues in their schools and communities. The evaluation results compiled by the Arizona Governor's Office of Drug Policy and the Department of Education have been very impressive. In cross sectional studies of CHAMPS schools, general discipline referrals were down over 82.9%, vandalism down over 70%, and unexcused absences were reduced 20%. A copy of this evaluation report can be obtained by contacting the CHAMPS Peer Leadership office.

When we developed the CHAMPS HIV/AIDS Prevention Program for elementary schools, we knew peers must have a prominent place in the process. Primarily results show us that the number of children who think that AIDS is transmitted by casual contact was reduced from over one half of all students prior to the program, to less than one third following the program. In addition, almost three times the students knew key facts about AIDS following the program as did before. The number of children who were frightened by AIDS was reduced by one half, perhaps related to the fact that 5 1/2 times more children felt they had someone they could go to if they had questions about AIDS. (A full summary of results for our pilot program is located in The Results: Section VII of the manual.)

You will experience the power of peers when you see young children respond and interact with the puppeteers. When you combine "Peer Power" with the ability of puppets to communicate you have an unbeatable combination creating a mutually positive learning environment.

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PEER-ING INTO THE FUTURE

Presenter: Leon Hendricks
16045 S. Marshfield Ave.
Harvey, Illinois 60426

> "Peer Helper programs may be the single-most powerful tool for maximizing learning and social development in future reform. . . "

During the past decade, the issues of academic competency and social development of youth have taken on many forms. The debate has been centered around reform and restructuring in a diversity of areas including: school governance, financing, curriculum and instruction, teacher certification, multi-cultural education, and parent/community involvement.

The debate has generated data which show that many of our youth have failed, dropped out, are disruptive, alienated, violent, use substances, and academically lag behind their peers of other nations. Further, many are drifting aimlessly through the system, falling through the cracks, and are at-risk of future failure.

In the search for answers, the reviews are mixed after massive structural changes, early diagnosis and identification practices, reform of special education, and compensatory programs, and more adult contact hours. We have come to understand that the most important change may have been overlooked - our fundamental perception of today's youth.

> "We must change the way in which we view youth, not as problems to be fixed, but as resources who can contribute to their families, schools, and communities. They can play a major role in reducing alienation and disconnectedness from early childhood throughout the life cycle".
> (Bernard, 1990)

There is a growing body of evidence supporting the position that the peer group is fertile ground for social development and academic learning, (The Peer Resource Model of Education), for all youth - regular education, special education, the slow learner, under achievers, and high-risk populations.

While Johnson & Johnson (1983) suggest that development and socialization takes place primarily with peers, Damen & Phelps (1988) indicate that peer interaction is not only conducive but perhaps essential. . .

For African-American youth, identity was found to be deeply rooted in the peer group rather than self, and peer talk (communications) are seen as an art form through which attention, interest, and involvement are gained (Addison, 1992). Failure to develop social and relationship skills is a well known predictor of later substance abuse, delinquency, and mental health problems (Kellam, 1982).

Finally, a 1988 survey of approximately 30,000 fifth-twelfth grade youth found a high correlation to exist between use of the Gateway Drugs and well-being or (feelings) - (anxiety, nervousness, sad, don't fit with classmates, and family doesn't care). As a result of these feelings, students said that they would run away, drop out, hurt self/others, or get drunk. These feelings become more intense through adolescence and cause extreme pressure for relief/escape using one or more of the channels mentioned. These data suggest a set of "Gateway Feelings" that exist prior to and simultaneously with destructive behaviors of running away, dropping out, violence, or use.

The Peer Resource Model provides preventionists and educators with a promising tool for empowering youth to participate and take responsibility for their own academic and social development while creating a protective shield around them which guards against a myriad of family, school, community, and societal problems.

The empowering process suggests peer helper goals which foster academic, social, and cultural competency. Objectives take into account student needs, feelings and aspirations while emphasizing mastery, skill development, and successful interactions with peers and the content. Carefully selected activities serve to provide youth with a sense of connectedness, competency, and a contributing feeling.

Peer Helper Programs work at every level, pre-school through grade 12. When created, they must be maintained, sustained, and nurtured. They provide opportunities for effective communication, positive relationships, resolving conflict, making friends, giving/receiving respect, gaining attention/power/love, making choices, and developing a sense of community.

By peer-ing into the future, American education may have chosen the single-most powerful force in assuring increased academic and social progress for generations to come.

Summary Of

"The Case for Peers"

By
Bonnie Benard
December 1990

Introduction

A year ago I wrote an article for the Illinois Prevention Resource Center's *Prevention Forum* Newsletter which addressed the critical need for the prevention and education fields to change the framework from which they often view youth, to see children and youth not as problems which need to be fixed but as resources who can contribute to their families, schools and communities (Benard, January, 1990). In that article I discussed a powerful strategy for providing youth the opportunity to be useful contributing members of their communities- youth service. I still believe youth service programs at the middle, junior, and high school level can play a major role in reducing the alienation many youth feel from their families, schools and communities, a disconnectedness that often manifests in the social problems of alcohol/drug abuse, teen preganancy, and dropping out of school. However, what has become increasingly clear to me this last year is the need for children to experience themselves as resources from *early childhood on.* This means " youth service" must be a concept we infuse throughout our schools from the preschool level forward; "youth service" should not be another program or course tacked on to an already overfull curriculum. The chances that a semester of youth service will instill in an already alienated adolescent a sense of personal worth and value-after experiencing years of treatment as a "problem"- are slim.

What I am advocating in stating that the concept of youth service must be infused throughout our schools is none other than the adoption of a *peer resource* model of education in which schools and classrooms are restructured so that youth-from early childhood through late adolescence-are provided ongoing, continuous opportunities to be *resources to each other.* While I have referred to peer programs in the past (Benard, January 1988) as the "lodestone to to prevention, " based on their effectiveness in reducing the rate of substance use in adolesence, the rational for a peer resource model of education is so multifaceted and grounded in research evidence for the effectiveness of peer resource programs on youth's academic and social development is so compelling, I felt that a summary of these various bodies of reasearch supporting peer resource strategies should contribute to the prevention field's mission of working to create supportive environments that empower individuals to make healthy, positive decisions and to achieve their human potential.

The Rationales for Peer Resource Programming

I. Importance of peer relationships in social development

According to several child development researchers, in the United States social science research has focused almost exclusively on adult-child interaction-especially the parent-child relationship-as the critical vehicle for the socialization of children and youth (Berndt and Ladd, 1989; Johnson and Johnson, 1983; Damon and Phelps, 1989; Rubin,1990).

The following are a number of the ways in which, according to research, peer relationships contribute to a child's social and cognitive development and socialization:

1) Peer interactions are another *arena*-besides family, school, and community-

which provides support, opportunities and models for prosocial development.

2) Peer interactions, compared to interactions with adults, tend to be more frequent, intense, and diverse.

3) According to the Segals-and a Piagetian position as well-peers are especially critical in the development of internalized *moral standards*

4) Through reciprocal peer interactions children learn to share, to help, to comfort, and emphasize with others. According to Piaget and other developmental psychologist, empathy (or perspective-taking) is one of the most critical competencies for cognitive and social development (Attili, 1990).

5) Through peer interaction children learn critical *social skills* such as impulse control, communication, creative and critical thinking, and relationship or friendship skills. In fact, the failure to develop social and relationship skills is a powerful, well-proven early predictor of later substance abuse, deliquency, and mental health problems (Kellam et al, 1982). Conversely, a huge body of research supports social competence as a predictor of life success (Attili, 1990).

6) Peer relationships have a strong influence on achievement (Ladd, 1990;Taylor, 1989; Dishion, 1990).

7) Lastly, peer interactions are powerful influences on a child's development of identity and autonomy (Bukowski and Hoza, 1989).

II. Importance of social support to positive outcomes

Besides the critical importance that child development research has identified that peer interactions play in social and cognitive development, in the fields of community psychology, social anthropology, and sociology we have a huge body of reasearch documenting the powerful effect social support has on physical, cognitive, and social outcomes. Beginning with Cassel's work in 1974 claiming that, "People can become physically, mentally, or socially debilitated if they do not receive or perceive signs from significant others that make them feel safe and valued, "hundreds of studies have examined the nature of this concept(Wasserman, 1988,p.7). Futhermore, Cassel and others since contend that the nature and strengths of available group supports-especially the mutuality and reciprocity involved-can be protective of health and mental health as well as serving as a "buffer" for those experiencing stressful life events or situations--low birth weight, death, divorce, illness, unemployment, family alcoholism, depression, school transition, etc. (Dubow and Tisak, 1989; Felner et al, 1982; Fenzel and Blyth, 1986; Sandler, 1980; Sandler et al, 1985) Certainly the protective factor research of Emmy Werner and others has clearly identified social support as critical in positive outcomes for youth (1982).

III. The failure of adult society to provide social capital for youth

A rationale emanating from the importance of peer social support in development is that for a growing number of youth in our society, support from peers may be the only social support they get! Increasingly, as James Colemen and others have documented, changes in family and community life since World War II have resulted in a loss of "social capital" for children--"the norms, the social networks and the relationships between adults and children that are of value for the child's growing up" (1987,p. 36). While it's vitally important that we work on social policy changes to help build linkages between children and youth and adults (child care, family leave, family support, health care, etc.), it's also increasingly clear federal and state policy changes ensuring that families and children have access to housing, education, employment, health care, and child care opportunities will not be soon in coming.

IV. Gives every youth the opportunity to help

Peer resource programs, whether they be cooperative learning groups or one-on-one peer tutoring, are most effective when each person involved experiences both the helper andhelpee role (Riessman, 1990). In fact, most studies find the *tutor* receives the most gains! Diane Hedin's review of students as teachers summarized the literature as "replete with anecdotes of alienated, troublesome youth conducting themselves in a serious and dignified manner while teaching younger students." She describes this phenomenon as follows: " The experience of being needed, valued and respected by another person produced a new view of self as a worthwhile human being"(1987,p.43). Moreover, the research of Roger Mills and his colleagues lends support to the hypothesis that the key to positive change for "at-risk" youth is changing how they perceive themselves (1988). Programs that label youth "at-risk," etc. only futher stigmatize and discourage positive outcomes.

The critical importance of all youth (and all people!) having the *opportunity to participate in meaningful roles* has been documented again and again in research (see Benard, January 1990 for a discussion of this point) and is considered by some researchers as perhaps the most important protective factor in preventing social problems like substance abuse, teen pregnancy, and deliquency (Rutter, 1979).

V. Satisfies basic human psychological needs

According to William Glasser, peer resource programs work because they satisfy our four basic human psychological needs to belong and love, to gain power, to be free, and to have fun (1986). Our discussion of social support and of participation really addresses the needs of belonging and having power. The need to be free, that is to be allowed and encouraged to make decisions and solve problems and to have some control over one's life, is essential to the development of identity and autonomy. Not only do peer programs meet these first three needs, process evaluations consistently find that youth enjoy their involvement in peer programs and find they are fun! (Kohler and Strain, 1990; Greenwood, 1989).

VI. Opportunity to develop collaboration/conflict resolution skills

I've written extensively about the necessity for collaborative communitywide prevention efforts if we are to create supportive, nurturing environments that will, in turn, discourage alcohol and drug abuse and other interrelated social problems (see Bernard, October 1989). No better preventionist training exists than peer collaboration and cooperative learning programs that engage youth in mutual problem solving, decisionmaking, and conflict resolution in a climate of mutual helping and respect. According to Morton Deutsch, the seminal researcher into conflict resolution and the mentor of David Johnson, "In recent years, it has been increasingly recognized that our schools have to change in basic ways if we are to educate children [beyond hate] so that they are *for* rather than *against* one another, so *that they develop the ability to resolve* their conflicts constructively rather than destructively, so that they are prepared to live in a peaceful world" (1989, p. 1).

VII. Promotes acceptance and respect for diversity

Evaluations of peer-tutoring, cooperative-learning, and peer-initiation (peers initiate social interaction with a withdrawn child) programs consistently identify significant increases in social interaction, acceptance, and liking between heterogeneous peers, especially between physically and/or mentally handicapped or socially withdrawn and non-handicapped peers (Johnson and Johnson, 1986; Strain, 1985; Mesch et al 1986; Sainato et al, 1986; Maheady et al, 1988) and between white and non-white peers (Rooney-Rebeck and Jason, 1986; Slavin and Oickle, 1981). According to Oakes and Goodlad, "Perhaps nowhere else in schooling are the negative, prejudicial consequences for access to knowledge so clear and so severe" as in the practice of tracking (1988, p. 18).

VIII. Promotes academic achievement

From an educational reform perspective, perhaps the most compelling reason for peer programs can be based on the *hundreds* of evaluations of cooperative learning programs as well as on the peer tutoring and cross-age peer tutoring approaches that have found both positive academic and social development gains in youth (Johnson and Johnson, 1983; Johnson et al 1981; Glasser, 1986; Slavin, 1986; Graves, 1990; Fantuzzo et al, 1989; Greenwood et al 1989). Futhermore, according to a Stanford University study, peer tutoring is consistently more cost-*effective* than computer-assisted instruction, reduction of class size, or increased instructional time for raising both reading and mathematics achievement of both tutors and tutees (Levin, 1984). According to Damon and Phelps' review, in cooperative learning groups academic gains have been especially significant in the areas of math, reading, and science--the three crucial areas of learning that have failed to engage an increasingly large number of youth (1988, p. 152).

Although the academic gains made by students in cooperative classrooms certainly provide rationale enough for adopting this approach, for preventionists and others concerned with the overall health and well-being of children and youth and the prevention of the interrelated social problems like alcohol and drug abuse, teen pregnancy, and delinquency, as well as school failure, the nonacademic benefits found in evaluations of cooperative learning approaches are even more significant--more positive student attitudes towards school, towards their classmates, and toward themselves (Graves, March 1990; Wright and Cowen, 1985; Johnson and Johnson, 1983).

IX. Reduces alcohol and drug use among youth

Saving the most obvious rationale for last, two recent independent meta-analyses (Tobler, 1986; Bangert-Drowns, 1988), evaluating hundreds of prevention programs and strategies each, found that "peer programs are dramatically more effective than all the other programs," even at the lowest levels of intensity (hours spent in prevention programming) (Tobler, 1986, p.555). According to Bangert-Drowns, when intensity was higher, the peer program effects were even more pronounced (1988).

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SCRIPTS

AND

ACTIVITIES

HIV/AIDS
Age Appropriate THEMES/MESSAGES

KINDERGARTEN - Key Concept: Personal Hygiene and Cleanliness

Key Question: "How do I Keep Clean and Healthy?"

FIRST GRADE - Key Concept: Health Promotion/Communicable and Non-Communicable Diseases

Key Question: "What is Disease?"

SECOND GRADE - Key Concept: Health and Safety Issues

Key Question: "What is AIDS?"

THIRD GRADE - Key Concept: Community Health Resources

Key Question: "Who helps People with AIDS?"

FOURTH GRADE - Key Concept: Personal Knowledge and Compassion

Key Question: "What if I Know Someone with AIDS?"

FIFTH GRADE - Key Concept: Fact, not Opinion

Key Question: "Can I Get AIDS?"

SIXTH GRADE - Key Concept: Helping Others/Helping Ourselves

Key Question: "How can I be Part of the Solution?"

KINDERGARTEN SCRIPT

Key Concept: Personal Hygiene and Cleanliness

Key Question: "How do I Keep Clean and Healthy?"

Need:
Spray Bottle
Pam or Vegetable Oil
Cinnamon
Classroom Copies of "Harvey's Hunt" and "Healthy Kids"

CHARACTERS:
Harvey - CHAMPS Peer Leader
Iva - CHAMPS Peer Leader
Victor - their wise-cracking CHAMP of a dog

(VICTOR ENTERS ALONE AND BEGINS SINGING)

VICTOR:
You gotta wash your hands. You gotta wash your hands
You can't just say you did
Don't wanna be a dope. You gotta use some soap
To be a healthy kid

You gotta cover your mouth. You gotta cover your mouth
You can't just say you did
So cover up each sneeze and ev'ry coughing wheeze
To be a healthy kid

IVA: (ENTERING WITH HARVEY) Hey, Victor. What a great song. Where'd you learn it?

VICTOR: My mom taught it to me.

HARVEY: It's really fun. Can we sing too?

VICTOR: I don't know. Can you?

HARVEY: Alright. I mean may we please sing with you?

VICTOR; Oh, sure. Just join in.

ALL SING:
You gotta wash your hands, You gotta wash your hands
You can't just say you did
Don't wanna be a dope. You gotta use some soap
To be a healthy kid

You gotta cover your mouth, You gotta cover your mouth
You can't just say you did
So cover up each wheeze and ev'ry cough or sneeze
To be a healthy kid

HARVEY: (TO AUDIENCE) Hi Kindergartners. We're the HIV puppets. I'm Harvey.

IVA: I'm Iva.

VICTOR: And I'm hungry.

IVA: No, you're Victor.

VICTOR: I know that. But I'm hungry, too.

HARVEY:	Okay. We'll get you something to eat in a little while. Right now we're here to tell the kids about how to stay clean and healthy.
IVA:	That's why that song you were singing was so great. It was about ways to keep from spreading germs.
VICTOR:	Germs? I don't see any germs around here.
IVA:	You can't see germs, Victor. They're too tiny.
HARVEY:	That's right, Iva. You need a special tool called a microscope to see germs. But they're all around us.
VICTOR:	Icky! Ooeey! They're all around us! Call the police! Call the paramedics! Call my mommy! (BREAKS INTO SOBS) I wanna go home.
HARVEY:	Take it easy, Victor. It's not that bad.
IVA:	No. Germs can't really hurt you unless they get into your body. That's why it's important to cover your mouth when you cough or sneeze. That way you help keep the germs you sneeze out from getting to other people.

HARVEY: And, of course it's always a good idea to wash your hands before you eat anything.

VICTOR: Yeah, that makes sense.

IVA: I'm glad you agree, Victor. But can you think of any other times when it might be important to wash your hands?

VICTOR: Umm, let's see...

HARVEY: Maybe the kids can. Raise your hands Kindergartners, if you thought of washing your hands after going to the bathroom.

IVA: How about when you help Mom or Dad change the baby's diaper?

VICTOR: What about after you cough or sneeze?

IVA: Very good, Victor.

HARVEY: Yeah. If you cover your mouth when you sneeze, you blast a whole bunch of germs right onto your hand and anything you touch after that will get germs on it.

IVA: But washing your hands right after you cough or sneeze will help kill all those germs. But don't forget to use warm water and lots of soap.

VICTOR: Hey, can we sing that song my mom taught me again?

HARVEY: Sure. That's a good idea.

SONG; "To Be A Healthy Kid"

ALL SING:
You gotta wash your hands, You gotta wash your hands
You can't just say you did
Don't wanna be a dope. You gotta use some soap
To be a healthy kid

You gotta cover your mouth. You gotta cover your mouth
You can't just say you did
So cover up each sneeze and ev'ry coughing wheeze
To be a healthy kid.

VICTOR: (SPEAKING TO IVA AND HARVEY) Do you think they're ready?

IVA: I bet they are. I saw some of them doing it already.

HARVEY: Me too. Let's ask them.

IVA: (SPEAKING TO AUDIENCE) Okay kids. You've heard it a few times now.

HARVEY: Yeah, we're sure you know how it goes.

VICTOR: It's really fun, too. Everybody sing along.

(ALL REPEAT ABOVE TWO VERSES)

VICTOR: Bye, now. (EXIT HARVEY, IVA & VICTOR)

KINDERGARTEN DEMONSTRATION:

After selecting a volunteer, conduct the following steps as a demonstration for all the children:

1. Spray PAM or rub a little vegetable oil on the child's hands.
2. Sprinkle with a little cinnamon.
3. Have child wash hands with cold water and observe that there is still oil and cinnamon on their hands. This represents germs.
4. Now have the child wash hands with warm water and soap. Point out how easily the oil and cinnamon come off now.
5. Discuss that washing hands this way also gets rid of germs that can make us sick. Remind them to wash their hands thoroughly before eating anything, after using the toilet, and after handling anything dirty.

Activities:

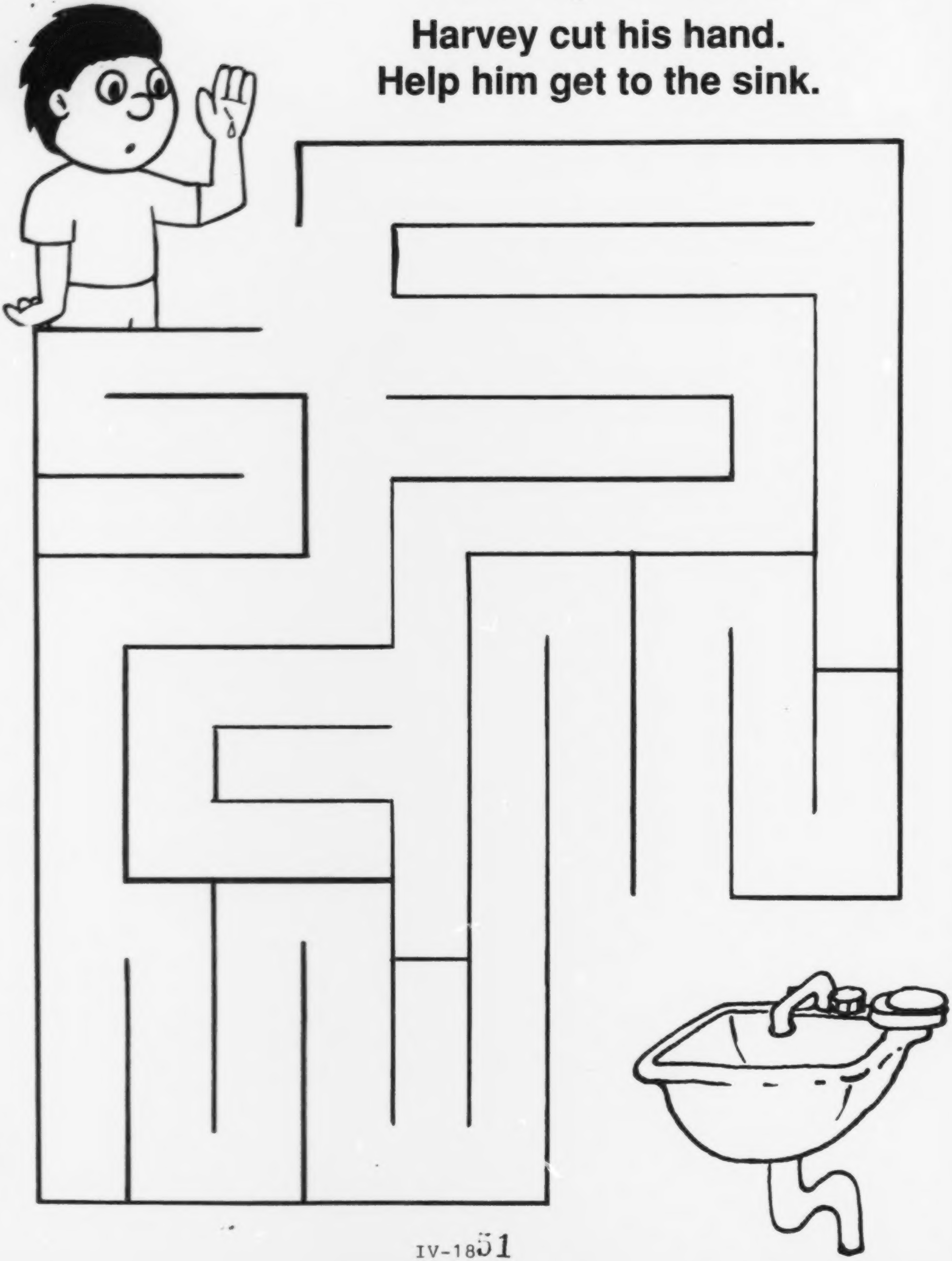
If time permits, pass out "Harvey's Hunt" and "Healthy Kids".

Allow children to color in the pictures, and trace their way through the maze.

Kindergarten

“Harvey’s Hunt”

Harvey cut his hand.
Help him get to the sink.

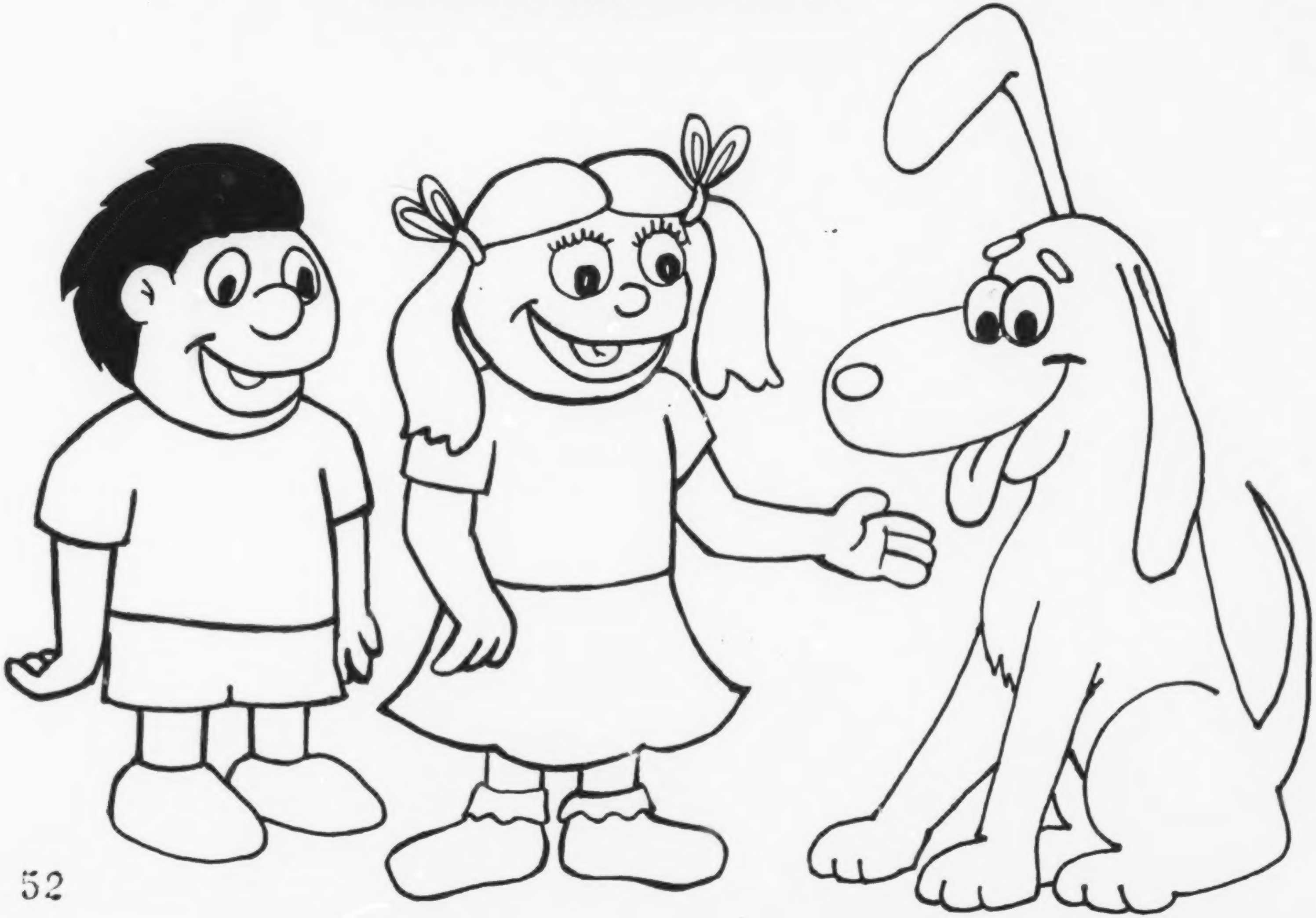


Kindergarten

"Healthy Kids"

Color Harvey, Iva & Victor.

IV-19



KINDERGARTEN

Process Questions

These questions are designed to help the classroom teacher to reinforce key messages of the lesson. It is helpful, as in all learning for students, to hear information more than once and for the message to be restated and actively processed several times.

1. When is it important to wash your hands?
   - before meals
   - after going to the bathroom

2. When else is it important to wash your hands?
   - after changing baby's diaper
   - after coughing or sneezing

3. What happens if we don't wash our hands?
   - we can spread germs

The song might be fun to sing before daily hand washing.

FIRST GRADE SCRIPT

Key Concept: Health Promotion/Communicable and Non-Communicable Diseases

Key Question: "How do I Keep Clean and Healthy?"

Need: Classroom copies of the "Iva Finds the Germ" and "Careful Kids"

CHARACTERS:
Harvey - CHAMPS Peer Leader
Iva - CHAMPS Peer Leader
Victor - their wise-cracking CHAMP of a dog

IVA: (ENTERING WITH HARVEY) Well, he must be around here someplace. (THEY BOTH BEGIN SEARCHING THE STAGE AREA)

HARVEY; I guess. You wouldn't think a dog that big could get lost.

VICTOR: (ENTERS AND SEES THE SEARCH IN PROGRESS BUT STAYS BEHIND THE KIDS)

IVA: Hey, Harvey, let's ask the kids here if they've seen him.

HARVEY: Okay. (THEY APPROACH THE FRONT OF THE STAGE WHILE VICTOR PEEKS AROUND FROM BEHIND THEM SO THE AUDIENCE CAN PLAINLY SEE HIM. HARVEY SPEAKS TO AUDIENCE) Hey, have any of you seen our dog, Victor?

IVA: (TO AUDIENCE) He's big and brown and we just don't know where he could've gotten to.

HARVEY: Maybe we should just start without him.

IVA: But we can't be the HIV puppets without him. It's "H" for Harvey, "I" for Iva, and "V" for Victor.

VICTOR: I think it should be "V" for jellybeans.

HARVEY: (STARTLED) Victor! Jellybeans doesn't start with a "v". It doesn't even have a "v" in it. Jellybeans starts with a "j".

VICTOR: Oh. Well, what do you expect? I'm a dog. Dogs don't have to be able to spell.

IVA: That's okay, Victor. At least we found you. We're here to talk with these kids today about HIV. Do you know what HIV stands for?

VICTOR: Sure, you just told me. H-I-V... H for Harvey, I for Iva, and V for Jellybeans...I mean, Victor.

HARVEY: Well, you're partly right. HIV is where we got our names, the HIV puppets, but we need to tell the kids about another HIV.

IVA: That's right. HIV is a germ that causes a disease called AIDS. AIDS is a special kind of disease because it isn't very easy to catch it.

VICTOR: Is that because it can run real fast?

IVA: No, it's because...well, maybe we'd better explain how people get some diseases--common diseases like a cold or the flu.

HARVEY: Good idea. But to do that, the kids have to know about germs. Raise your hands if you know what a germ is.

VICTOR: I do! I do! I do! I do!

IVA: Alright, alright already, Victor. Tell everybody what a germ is.

VICTOR: A germ is a person from Germ-any!

HARVEY: No, that's a German, not a germ.

VICTOR: (DISCOURAGED) Oh.

IVA:	A germ is an itty bitty little bug that you can't see and it causes diseases. Diseases like chicken pox, measles, colds and flu all come from germs that people spread by coughing or sneezing.
HARVEY:	That's why they call them communicable diseases.
VICTOR:	I'd never call them that.
IVA:	Why not?
VICTOR:	Because I can't say it. (ATTEMPTING THE WORD) Com-mun-ni-bleh-bleh.
HARVEY:	Communicable, Victor. A communicable disease is one that a person can get from another person.
IVA:	That's right. And remember, if you want to keep yourself from catching the diseases that are communicable, it's important to do things that fight germs.

SONG---"FIGHTING THE GERMS THAT CAUSE DISEASE"

IVA:

I cover my mouth each time I sneeze
With every cough or choke or wheeze
I'm fighting the germs that cause disease each day

HARVEY: I'm washing my hands it's such a breeze
Before ev'ry mealtime if you please
I'm fighting the germs that cause disease each day

HARVEY: (SPOKEN) And it's never a good idea to share things like straws, silverware, or cups.

IVA: (SPOKEN) That's right, because sharing something that has been in somebody else's mouth is a good way to spread disease causing germs.

VICTOR: (SPOKEN) And that's something nobody needs to share.

ALL: (SUNG) I'm fighting the germs that cause disease each day.

VICTOR: Well, now we know all about germs, huh?

HARVEY: Not quite. There's still another way that germs can be spread, and that's by touching other people's blood.

VICTOR: Eeeiiuuu. Do we have to talk about touching blood?

IVA: Yes, we do, because that's how people get AIDS, that's the special disease we talked about earlier. "AIDS germs" are spread when the blood from a person with AIDS mixes with another person's blood.

HARVEY: And don't forget that AIDS is a special disease because you *cannot* catch it from a sneeze...

IVA: ...or by drinking out of the same glass as a person with AIDS...

HARVEY: ... or by hugging a person who has AIDS...

IVA: ....or by using the bathroom after a person with AIDS...

HARVEY: ...or by eating in the same cafeteria as a person with AIDS.

IVA: But AIDS is a serious disease, even if it is hard to catch. Kids need to be careful about touching someone else's blood. Victor, if you got someone's blood on your paws, what do you think you should do?

VICTOR: I know what I'd do. I'd throw up.

HARVEY: Actually, you should wash your paws, or hands, right away. And use lots of warm water and soap.

IVA: And if someone gets a cut or has a bloody nose, it would be a good idea to ask a teacher or other grown-up for help.

VICTOR: I knew that. I just wanted to see if you did. Hey, if we're all done talking about blood for a while, can I go?

HARVEY: Go? Go where?

VICTOR: Go get something to eat. I'm starved.

IVA: Me to. Let's all go.

HARVEY: Okay.

VICTOR: Race you to the cafeteria. (EXITS QUICKLY)

HARVEY: Hey! (TO AUDIENCE) Uh, see you later.

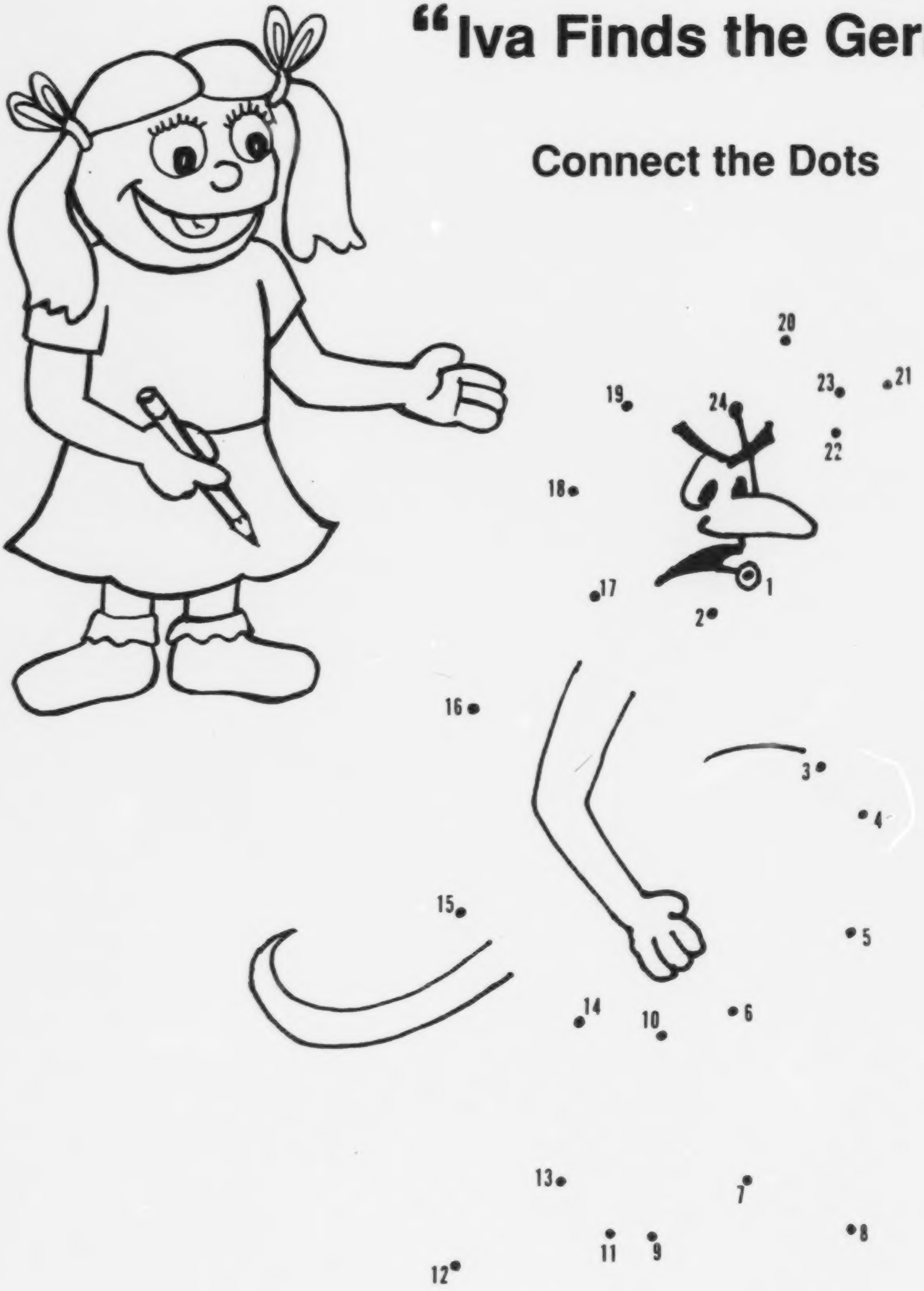
IVA; Yeah. Bye now. (HARVEY AND IVA EXIT CALLING AFTER VICTOR)

Activity:

Pass out copies of "Iva Finds the Germ" and "Careful Kids" sheets. Invite the children to do the activity and color in the pictures.

"Iva Finds the Germ"

Connect the Dots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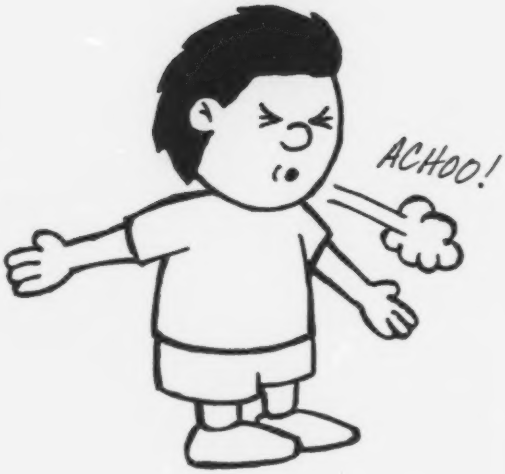
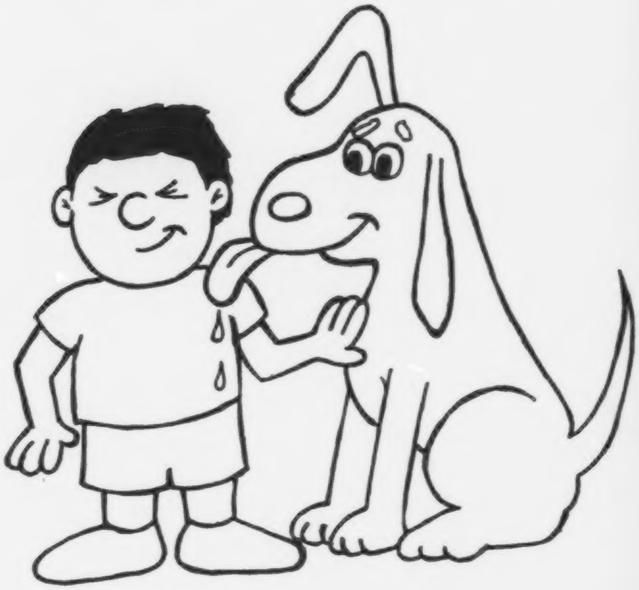
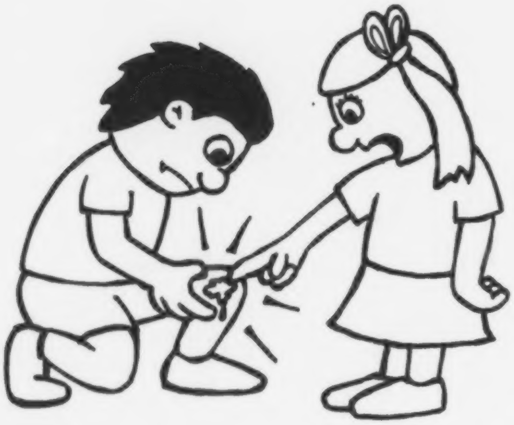
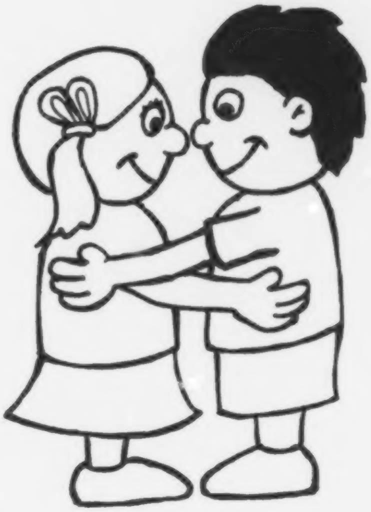
"Careful Kids"

Circle one way that you could get AIDS.









FIRST GRADE

Process Questions

These questions are designed to help the classroom teacher to reinforce key messages of the lesson. It is helpful, as in all learning for students, to hear information more than once and for the message to be restated and actively processed several times.

1. What is a germ?
   - an itty bitty bug that causes diseases
2. How can we fight germs?
   - by washing our hands anytime they are dirty
   - covering our mouths after coughing or sneezing
3. Can someone catch AIDS from coughing.... sneezing.... hugging.... eating next to ....etc.?
   - No, AIDS cannot be caught from coughing, sneezing, hugging or eating next to someone.
4. What are some diseases which, **unlike AIDS**, can be caught by sneezing or coughing?
   - flu
   - cold
   - chicken pox
5. Why is it important for people to take care of their own blood?
   - because AIDS can be spread from mixing blood.
6. Why should we wash our hands right away if we touch someone's blood?
   - to keep blood from entering our bloodstream through a cut
   - to keep from spreading germs

SECOND GRADE SCRIPT

Key Concept: Health and Safety Issues

Key Question: "What is AIDS?"

Before Beginning: CHAMPS Directors write AIDS on board like this:

A - Acquired
I - Immune
D - Deficiency
S - Syndrome

CHARACTERS:
Harvey - CHAMPS Peer Leader
Iva - CHAMPS Peer Leader
Victor - their wise-cracking CHAMP of a dog

IVA: (ENTERING WITH HARVEY) I'm just saying that I thought it was my turn.

HARVEY: It was your turn...It was your turn to push me.

IVA: No, I mean I wanted to be on the swing.

HARVEY: How could you be on the swing when it was your turn to push?

IVA: Nevermind. (TO AUDIENCE) Hi kids.

HARVEY: Yeah, hi. I'm Harvey and this is my friend, Iva.

IVA: And we were just talking about sharing.

HARVEY: I thought we were talking about who's turn it was on the swing.

IVA: We were. That's sharing. Well, it's supposed to be sharing anyway.

HARVEY: Sharing can be a lot of fun.

VICTOR: (ENTERING) It can be dangerous, too.

IVA: You're late, Victor. Say hello to the second graders.

VICTOR: Hello to the second graders.

HARVEY: Victor. What do you mean sharing can be dangerous?

VICTOR: Well, one time I tried to share a bone with that big Collie down the street, and she almost bit my head off.

IVA: Was it your bone, Victor?

VICTOR: Well, no. It was hers.

HARVEY: And did she invite you to share with her?

VICTOR: Not exactly...but she wasn't chewing on it.

IVA: What did you expect, Victor? She probably thought you were trying to steal it.

VICTOR: You think so?

HARVEY: Besides, it's not a very good idea to share something that has been in somebody else's mouth.

IVA: In fact, it's a pretty bad idea. That's a real good way to spread germs.

VICTOR: Oh, yeah. Germs. I keep forgetting about germs because I can't see them.

HARVEY: Maybe you can't see them, but they're inside everybody. That's why it's so important to wash your hands before eating or cover your mouth when you sneeze.

VICTOR: I always cover my mouth when I sneeze...except when I'm at the movies.

IVA: Why don't you cover your mouth when you sneeze at the movies?

VICTOR: Because I'd have to drop my popcorn, silly.

HARVEY: Better that than spreading germs all over the room. Most communicable diseases are spread by germs from sneezes and coughs and sharing things that have been in somebody else's mouth, you know.

VICTOR: What kind of diseases?

IVA: Communicable diseases. Like a cold or the flu.

VICTOR: Oh yeah. And are all communi-bleh-bleh diseases caused by germs from a sneeze or something?

HARVEY: Most are, but not all. There's a new disease called AIDS that you can't get in that way.

IVA: That's right. AIDS stands for Acquired Immune Deficiency Syndrome. That means that someone with this disease has a hard time getting better from other diseases they might catch.

VICTOR: I'm getting confused. You mean AIDS is a disease that makes you catch other diseases?

HARVEY: No. It just makes other diseases much harder for a person to fight off. See, if you catch a cold or the flu and you don't have AIDS, you'll probably get better in just a few days.

VICTOR: But what if I did have AIDS?

IVA: If you did have AIDS you would get much sicker and take much longer to get well because the part of your body that fights infection isn't working right.

VICTOR: Oh. That doesn't sound like very much fun. But how does a person get AIDS?

IVA: Well, Victor. Not very many kids even get AIDS, but most kids who have, got it from infected blood.

VICTOR: Eeeiiuu. Why would any kids want infected blood?

HARVEY: No, no, Victor. They didn't want infected blood. They got it by accident. They needed some extra blood because they were sick. No one knew that the blood was infected with HIV.

IVA: HIV is the special virus that causes AIDS. But now we have ways to make sure the blood kids get in a hospital is much safer.

HARVEY: And you can't catch AIDS in the same way you might catch a cold or the flu. You can't catch AIDS by shaking hands with a person who has AIDS.

IVA: Or by eating in the same restaurant as a person with AIDS.

HARVEY: Or by using the telephone after a person with AIDS.

IVA: Or by hugging a person with AIDS.

VICTOR: Or from a sneeze?

IVA: Or from a sneeze.

VICTOR: Hmm, sounds like AIDS is a disease that's pretty hard for kids to get.

IVA: Uh-huh. It is.

VICTOR: Then what's the fuss about? If it's so hard to get, why do we need to learn about it?

IVA: Because AIDS has made so many people sick, Victor. In fact, many have died.

HARVEY: And not knowing how a person catches AIDS makes a lot of people afraid of anyone who has AIDS.

IVA: But when you're afraid of somebody, you don't want to help them, or talk to them, or even be around them.

VICTOR: That must mean that kids who have AIDS are really lonely sometimes.

IVA: You're right.

VICTOR: I never thought about that. If I ever know anybody who gets AIDS, I'm going to remember to do nice things to help them feel better.

HARVEY: That's great, Victor. And that's why we're helping these kids learn about AIDS; because learning about it is the best way to help stop it from spreading.

SONG "I Like Learning"

HARVEY:
Learning, learning, I like learning
So I won't be afraid
Learning, learning, I am learning
To stop the spread of AIDS

IVA:
Learning, learning, I like learning
So I won't be afraid
Learning, learning, I am learning
To stop the spread of AIDS

VICTOR: Learning, learning, we like learning
So we won't be afraid
Learning, learning, we are learning
To stop the spread of AIDS

HARVEY: Hey, come on. Let's go swing again and this time, you can push me. (EXIT)

IVA: Okay. What? No way. I pushed you last time. (EXIT)

VICTOR: Well, I guess I better go, too. I gotta go find a bone that nobody else has slobbered on. Bye now. (EXIT)

VICTOR: That must mean that kids who have AIDS are really lonely sometimes.

IVA: You're right.

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Learning, learning, I am learning
To stop the spread of AIDS

VICTOR: Learning, learning, we like learning
So we won't be afraid
Learning, learning, we are learning
To stop the spread of AIDS

HARVEY: Hey, come on. Let's go swing again and this time, you can push me. (EXIT)

IVA: Okay. What? No way. I pushed you last time. (EXIT)

VICTOR: Well, I guess I better go, too. I gotta go find a bone that nobody else has slobbered on. Bye now. (EXIT)

SECOND GRADE

Activity:

Pass out copies of the "Iva Has a Problem" and "The Special Diseases". Invite the children to complete the activities and color the pictures.

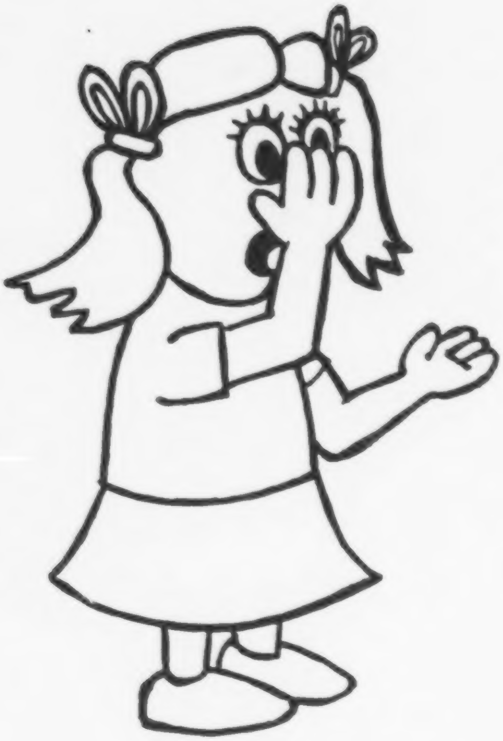
Suggested Readings:

Come Sit By Me by Margaret Merrifield, M.D.

My Name is Jonathan by Jonathan Swaine & Sharon Shilling

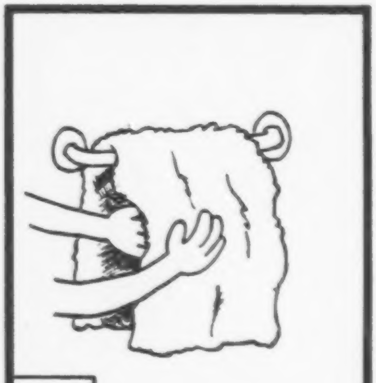
Second Grade

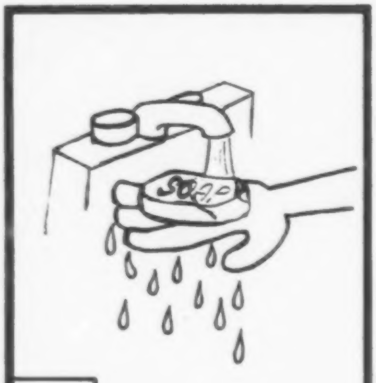
"Iva Has a Problem"

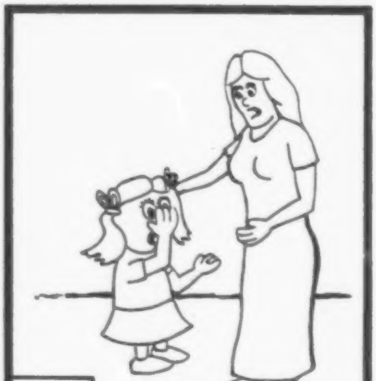


Iva has a bloody nose. Help her decide what to do first, second and third. Put number 1, 2, or 3 in the boxes below.

NEVER Touch Another Person's Blood



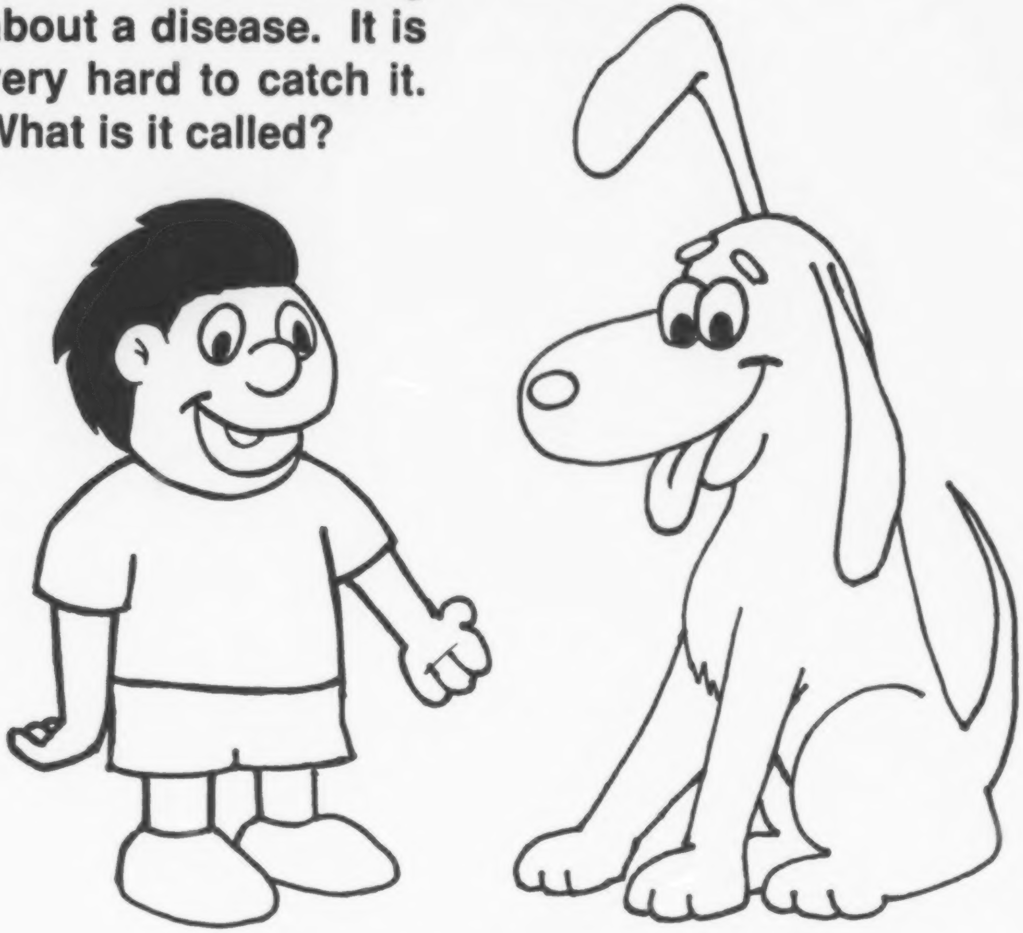




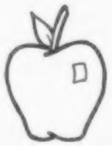
Second Grade

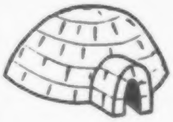
"The Special Disease"

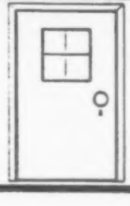
Harvey and Victor have been talking about a disease. It is very hard to catch it. What is it called?

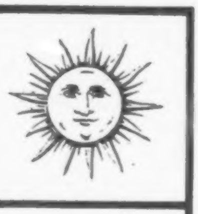


Put the first letter of each object in the box below.









Process Questions

These questions are designed to help the classroom teacher to reinforce key messages of the lesson. It is helpful, as in all learning for students, to hear information more than once and for the message to be restated and actively processed several times.

1. How do germs spread?
    - sneezing or coughing without covering our mouths
    - sharing things that have been in other peoples mouths
    - not washing our hands when they are dirty
2. How is AIDS different from other diseases?
    - you cannot get it by sneezing or coughing
3. What does AIDS stand for?
    - Acquired Immune Deficiency Syndrome
4. Can you catch AIDS by shaking hands... hugging.... using the same telephone...?
    - No. You cannot catch AIDS by any such casual contact.
5. If someone has AIDS how should we treat them?
    - help them to feel better by being kind to them
    - be their friend
6. What should you do if you have a bloody nose, cut or scrape?
    - take care of my own blood
    - ask someone to get help
    - wash my hands after with soap and water

THIRD GRADE SCRIPT

Key Concept: Community Health Resources

Key Question: "What If I Know Someone With AIDS?"

Need: Pillowcase or plastic garbage bag labeled "Worries" or "Worry Bag", balloons (5-8), and marker

CHARACTERS:
Harvey - CHAMPS Peer Leader
Iva - CHAMPS Peer Leader
Victor - their wise-cracking CHAMP of a dog

HARVEY: (ENTERING WITH IVA) Hi, third graders. I'm Harvey and...

VICTOR: (FROM BELOW STAGE) Hey, Harvey!

IVA: (TO BELOW STAGE) He's up here, Victor.

HARVEY: (RETURNING ATTENTION TO AUDIENCE) As I was saying, this is my friend, Iva.

IVA: Hello. (VICTOR ENTERS) And this is our dog, Victor.

VICTOR: (TO HARVEY) And do you know why your nose can't be 12 inches long?

HARVEY: My nose? Huh-uh. Why can't my nose be 12 inches long?

VICTOR: Because then it world be a foot. (LAUGHS) You get it? 12 inches? A foot? (LAUGHS AGAIN)

IVA: That's very funny, Victor.

HARVEY: Yeah, real funny.

VICTOR: I thought so.

HARVEY: Uh-huh, but we're not here to tell jokes, today.

IVA: No, that's right. We aren't here to tell jokes.

VICTOR: Well, what are we doing here then?

IVA: We want to share some very important information with all the 3rd graders about staying healthy.

HARVEY: We all know how important it is to keep our germs from getting on our friends or anyone else, don't we?

VICTOR: Germs? I don't have any germs.

HARVEY: Yes you do, and I can see them crawling up your neck right now.

VICTOR: Aaack! Get'em off! Get'em off!

IVA: Victor, we can't see any germs crawling up your neck. Harvey was just joking.

VICTOR: (LOOKING AROUND UNEASILY) I thought we weren't here to tell jokes.

IVA: We aren't, but Harvey's right. You do have germs. Everybody does.

VICTOR: Yeah?

HARVEY: Yeah. That's why we have to be careful about doing things to keep from spreading our germs. Who can think of a way to keep from spreading our germs?

VICOTR: I can. I can.

IVA: Alright, Victor. Please tell us.

VICTOR: Cover your mouth when you sneeze.

HARVEY: Very good. That's a great way to stop the spread of germs. What else?

IVA: How about not sharing anything that has been in someone else's mouth?

HARVEY: Uh-huh. And remember to wash your hands with lots of soap and warm water. Like after you go to the bathroom or help Mom change the baby's diaper. And always especially before you eat anything.

VICTOR: But there is a simpler way. I mean there's just one thing you could do to take care of all that stuff.

IVA: Just one thing? Like what?

VICTOR: Eat lots of soap.

IVA: What?

VICTOR: Well, we have germs inside us, right?

HARVEY: Right.

VICTOR: And lots of soap kills germs, right?

IVA: Yes, but...

VICTOR: If I eat lots of soap, I'll kill all the germs inside me and then I won't have to worry about it anymore.

HARVEY: It doesn't work like that, Victor. If you eat lots of soap, you'll just get an upset stomach.

VICTOR: That's okay. Dogs like throwing up.

IVA: Eeeiiuu! Maybe so, but people don't. Eating soap is a bad idea. It won't help keep a person from catching diseases.

HARVEY: That's right, Iva. (TO AUDIENCE) Maybe you kids have heard about a special disease called HIV or AIDS. Who knows what AIDS is?

VICTOR: Isn't that one of the ingredients you use to make lemonade?

IVA: No, Victor. AIDS stands for Acquired Immune Deficiency Syndrome. One way kids can catch AIDS is if their blood mixes with someone else's blood who has AIDS.

HARVEY: But if you're careful, you can help prevent yourself from getting AIDS by getting help from an adult if your friend has a bloody nose or gets a scraped knee.

IVA: And by washing your hands with warm, soapy water if you do touch someone's blood. And if you find any sharp objects, like a needle or broken glass, go get help from a grown-up.

VICTOR: Aw. There's never a grown-up around when you need one.

IVA: Sure there is. There's Mom or Dad, a teacher, the school nurse...

HARVEY: A neighbor, Grandma and Grandpa, a police officer...

VICTOR: Okay, okay. I get the picture.

IVA: AIDS is a very serious disease, but there are lots of people who can help us learn about it and how to protect ourselves from it.

HARVEY: That's right. Even though AIDS is a disease that's hard to get, knowing ways to protect yourself will keep you even safer.

VICTOR: I guess if it's hard to get, not many people have it, huh?

IVA: The sad fact is that there are many people who have AIDS. And lots more who have been infected with HIV.

HARVEY: HIV is a virus that infects a person's blood. It's the germ that causes AIDS. That's why it's important not to touch anyone else's blood and to wash your hands real good, if you do.

VICTOR: Hey, I guess that means it's not so cool to become blood brothers with somebody, huh?

IVA: It sure isn't. That's mixing blood and mixing blood is one way to get AIDS.

HARVEY: But it's okay to play with a person who has AIDS, because you can't get AIDS by touching, playing, or even hugging another person who has AIDS.

SONG

IVA: Hopping and hugging is the way we play
VICTOR: Teasing and touching ev'ry single day
BOTH: Dancin' and dreamin' with my friend it's true
Showin' I care is what I want to do

HARVEY: Braggin' and bumpin's how it's gotta be
VICTOR: Racin' and wrestlin' for you and me
BOTH: Pushin' and playin' with my friend it's true
Showin' I care is what I want to do

VICTOR: AIDS is a sickness that is hard to get
And not a one of us has caught it yet
ALL: But if we ever did we know it's true
Showin' we care is what we want to do

IVA: All friends need friends. Friends who have AIDS especially need friends.

HARVEY: That's right, Iva. Doctors all over the world are working very hard to find a cure for AIDS, but until they do we need to show everyone who has AIDS that we care about them.

IVA: And, we can help keep AIDS from spreading by staying clean, safe, and healthy.

VICTOR: Say, Iva, do you know what time it is when an elephant sits on your fence?

IVA & HARVEY: Time to get a new fence!

VICTOR: Oh, you knew that one.

IVA: Yeah. And now it's time for us to go. Bye ev'rybody (EXIT)

HARVEY: See ya! Come on, Victor. (EXIT)

VICTOR: So long, kids. (EXIT)

THIRD GRADE

Activity: Worry Bag

Conduct the following demonstration to illustrate the way that worry affects our lives and how to reduce our worries.

a. Ask students to list things that children might worry about. As each is mentioned, write it on a balloon, show the students what you have written, and put the balloon in the pillowcase. (Typical responses are: the dark, monsters under the bed or in the closet, getting lost in a mall, dog on the way to and from school, going to the hospital . . . going to the doctor or dentist.)

b. If the students don't mention sickness or going to the hospital, guide their discussion or ask if any of them have ever been afraid of this; write "sickness" or "hospital" on a balloon.

c. When the pillowcase is full of "worries," hold the pillowcase in front of you and pantomime attempts at simple activities such as coloring a picture, hugging someone, playing baseball or soccer, or trying to do a class assignment. Help students understand that if we carry lots of worries around with us, they interfere with the things that we need to do. Thus we need to find ways to let go of the worries that we can't do anything about and change the things that we can.

d. Ask students to suggest ways that we can reduce/eliminate our worries and fears.

    (1) Talk to someone about it.

    (2) Get the facts. (Sometimes we hear a scary noise, but when we turn on the light or listen a bit longer, we realize it is something normal like the air conditioner.)

    (3) Find out what others can do to help (or ask for help).

    (4) Find ways you can reduce the problem. (If there is a scary dog on the way to school, maybe you can walk a different way, or one of your parents could talk to the owner of the dog and ask if the dog can be placed inside when children are walking to and from school, or chained close to the house during these times. The students could also be cautioned not to throw stones or taunt dogs because they

are contributing to the problem and making the dog angry or scared just like they are sometimes.)

This might also be a good time to review things they can do to remain safe and well. (Look before crossing the street, not playing with matches, eating healthy foods, exercising, not picking up syringes or sharp objects.)

Process Questions

These questions are designed to help the classroom teachers to reinforce key messages of the lesson. It is helpful, as in all learning for students, to hear information more than once and for the message to be restated and actively processed several times.

1. AIDS cannot be caught by sneezing or coughing, so why should we cover our mouths?
    - to keep from spreading other diseases, like colds or the flu

2. What would happen if someone ate soap?
    - they would get sick, it would not kill germs inside us

3. What does AIDS stand for?
    - Acquired Immune Deficiency Syndrome

4. What is HIV?
    - the virus that causes AIDS
    - Human Immunodeficiency Virus

5. If our friend is bleeding, what should we do?
    - get help from an adult right away
    - do not touch their blood
    - have them hold a cloth or tissue over the bleeding place with their own hand

6. If we found sharp objects like glass or a needle, what should we do?

   - do not touch it
   - get help from a grown up

7. Should we play with someone with AIDS?

   - yes

   Why is that OK?

   - because we cannot get AIDS from hugging or playing with someone
   - people with AIDS need friends, too.

FOURTH GRADE SCRIPT

Key Concept: Personal Knowledge and Compassion

Key Question: "What if I Know Someone with AIDS?"

Need: List of AIDS Questions

Before Beginning: CHAMPS Puppet Team and Directors make a list of Questions and Answers about AIDS. Refer to this script or other AIDS information in Prevention Team Materials.

CHARACTERS:
Harvey - CHAMPS Peer Leader
Iva - CHAMPS Peer Leader
Victor - their wise-cracking CHAMP of a dog

(IVA ENTERS WITH VICTOR)

IVA: Hi, fourth graders. I'm Iva, and this is Victor. We're here today to talk to you about AIDS. As soon as our friend, Harvey, gets here we can get started.

VICTOR: (BEGIN CRYING AFTER IVA SAYS "FRIEND") Why'd you have to go and say that?

IVA: Say what? "Get started?"

VICTOR: (STILL CRYING) No, not "get started."

HARVEY: (ENTERING) Hey, what's the matter with Victor?

IVA: I don't know, Harvey. All I said was as soon as you got here we'd get started.

HARVEY: Victor. Don't you want me to be here today?

VICTOR: (STILL CRYING) It's not that. It's just that Iva said, "friend" and that word makes me sad.

IVA: I'm confused, Victor. Why would me saying "friend" make you sad?

VICTOR: Well, I guess I can tell you. I'm sad because my best friend, Nugie, is sick.

HARVEY: Golly, Victor. I thought I was your best friend.

VICTOR: Well, um, you are my friend, Harvey, but, er...

IVA: Nevermind. How did Nugie get sick?

VICTOR: He got it from eggs. (IMPORTANT: PRONOUNCE "EGGS" AS CLOSE TO "AIDS" AS POSSIBLE.)

HARVEY: Wo...that is pretty sad.

IVA: How awful for him.

VICTOR: Yeah, and for me, too. Now I can't play with him anymore.

HARVEY: What? Why not?

VICTOR: Because my mom is afraid that I might get sick too.

IVA: Uh-oh. That is a problem. Sometimes parents get confused about AIDS because they love their kids and don't want anything to happen to them.

HARVEY: But the truth is, you can't catch AIDS from playing with a friend who has AIDS.

VICTOR: You can't?

HARVEY: Nope. It's a disease that is pretty tough to catch. The only ways to get it are by mixing blood, having sex, or if a mother has AIDS, she may pass it to her unborn baby.

VICTOR: You mean I can't get AIDS by playing tag or sharing a bowl of Doggy Snax?

IVA: No, Victor. In fact, even people who live in the same house with a family member who has AIDS haven't caught it through casual contact.

VICTOR: What do you mean, "casual contact?"

HARVEY: Casual contact means, hugging, or kissing, or even using the same toilet seat.

VICTOR: Eeeiiiuu! Kissing? I don't wanna talk about kissing. And I'll bet the kids out there don't either.

IVA: Nevermind, Victor. The point is that there isn't anything for your mom to worry about. If your friend, Nugie, has AIDS, you can play with him without fear of getting AIDS yourself. In fact, he needs you to be his friend now more than ever.

SONG:

HARVEY: (SPOKEN) In fact, if you really are friends, you should take the time to tell him.
(SINGING) You're my friend, that's the end
Nothing's gonna change it
You're my friend, that's the end
And you know you can count on me

IVA: You're my friend, that's the end
Nothing's gonna change it
You're my friend, that's the end
And you know you can count on me

VICTOR: (SPOKEN) Hey, that's right. Nugie really is my friend. That's what really matters.

(SUNG) You're my friend, that's the end
Nothing's gonna change it
You're my friend, that's the end
And you know you can count on me

IVA/HARVEY: And you know you can count on me

ALL: And you know you an count on me

HARVEY: Yeah. You have to let him know you still care about him. He may be afraid of losing you as a friend or scaring you away.

VICTOR: Nugie? Scare me? Ha! I'm way scarier than him. Like last week when we...

IVA: We mean, he may be afraid of his having AIDS scaring you; like the way it scares your mom.

VICTOR: Oh. Well, it doesn't scare me. He doesn't even seem very sick.

IVA: Lots of people who have the virus don't get very sick for a long time. They look and feel just fine.

HARVEY: The problem with AIDS is that it attacks the body's immune system. Your immune system is very important. It's the part of your body that fights off disease. When a person has AIDS, his or her body isn't well enough to fight disease. Sooner or later they die.

VICTOR: You mean everybody who gets AIDS dies?

IVA: Right now, there isn't any known cure for AIDS. Doctors and scientist are working very hard to find one, but it takes time.

VICTOR: Just like burying a bone.

IVA: What?

VICTOR: It takes time. First you have to find just the right spot---not too muddy, not too rocky. Then you have to dig the hole but you don't want to make it too deep...

HARVEY: Try to stay with us, here, Victor. We're talking about AIDS, not burying bones.

VICTOR: Okay. I was just trying to help.

HARVEY: Thanks, but let's stick to the subject.

VICTOR: Well, what is AIDS anyway?

IVA: AIDS stands for (PAUSE) ***Acquired Immune Deficiency Syndrome.*** And it comes from a virus, called HIV. You can't catch HIV from sneezing or coughing like a cold or flu virus.

HARVEY: Like we said before, HIV is hard to catch.

VICTOR: HIV? Hive? You mean like where bees live?

HARVEY: Not hive, Victor, HIV. HIV stands for ***Human Immunodeficiency Virus*** and a blood test can tell a doctor whether or not a person has it.

VICTOR: A blood test? That's silly. Everybody has blood. Why do they need to test for that?

IVA: They don't test for blood. They test the blood to see if there are any HIV antibodies. If a person tests positive for the antibody, then they have HIV.

HARVEY: Between 8 to 10 million people all over the world are infected with HIV.

IVA: Very few of them are children. But we still need to do our part to keep safe by washing our hands, avoiding anyone's blood, and staying away from sex and needles.

HARVEY: And remember that people who have AIDS should be treated with kindness, just like you'd treat any other friend.

VICTOR: Wow. You're right. I'm sure glad I talked to you about this.

IVA: I'm glad you did, too, Victor.

HARVEY: Hey, wait a minute. This friend of yours is a dog, right?

VICTOR: Well, he isn't very cute, but I wouldn't start callin' him names.

HARVEY: No, I don't mean ugly. I mean, he's really a dog---like you.

VICTOR: Oh. Sure he is.

IVA: Why did you want to know that?

HARVEY: Well, HIV stands for *Human* Immunodeficiency Virus. Only humans can have that. Dogs can't get AIDS.

IVA: That's true. What makes your friend think he has AIDS, Victor?

VICTOR: AIDS? Who said Nugie had AIDS?

IVA: You did. Just a little while ago. Remember when you were crying about it earlier?

VICTOR: Nah. You got it all wrong. I said he got sick from eggs (PRONOUNCE EGGS DISTINCTLY THIS TIME), not AIDS. He got into the trash and ate some rotten eggs.

HARVEY: If he's just sick from eggs, why can't you ever play with him again?

VICTOR: Not ever again, just not anymore today. My mom thinks I might eat some rotten eggs, too.

IVA: You're so silly, Victor. All this time I thought you meant you're friend had AIDS.

HARVEY: Yeah, but you know what? All the stuff we talked about is still true. So, if any of you kids know somebody with AIDS, you can really be a friend to them by helping other people know there's nothing to be afraid of.

IVA: That's right. Since you can't catch HIV from a sneeze or a touch or a hug, you should treat a person with AIDS the same as you would anyone else.

VICTOR: Remember, being a friend isn't scary. It's something we all need to do---especially to our friends with AIDS. See you. (EXIT ALL)

FOURTH GRADE

Activity: Classroom Ping Pong

At this time, for maximum group participation, pass out index cards and ask each child to write one question they have regarding AIDS. These cards may be added to the questions given to the teams or may be discussed at a later date.

Divide into two teams. Count off one, two, one, two. (CHAMPS Directors please assist in dividing the class into teams and have them on opposite sides of the room facing each other).

Ask teams to come up with a name for their team. Please monitor naming of teams.)

When teams are asked a question they may confer quietly and quickly for a minute and then answer the question.

Repeat each question. Say the team name and then the question. If students have a hard time answering the question help them if possible. Also, after each answer is given CHAMPS DIRECTORS may give them support for answering the question right saying, "Good Job" or such.

(CHAMPS Directors, keep score on the board for each team).

(TEACHERS, monitor the game. Try and keep score fairly close. Students may need help with some of the questions. Give them hints on the answer

CLASSROOM PING PONG

4TH Grade Questions & Answers

1. What does AIDS stand for?
   - Acquired Immune Deficiency Syndrome

2. What does HIV stand for?
   - Human Immuno Deficiency Virus

3. How can someone get the AIDS virus?
   - Mixing blood, having sex, or if a mother has it and passes it on to her unborn child

4. What is casual contact?
   - Hugging, kissing, using the same toilet seat

5. How do you know if you have AIDS?
   - You must be tested for it

6. What does the AIDS virus do to your body?
   - Attacks the immune system and makes it hard for your body to fight off sickness

7. How can we keep safe from getting the AIDS virus?
   - Washing our hands, avoiding anyone's blood and staying away from sex and needles

True and False:

1. There is a cure for AIDS.
   F

2. You can get the AIDS virus from someone coughing or sneezing on you.
   F

3. The AIDS virus is hard to get.
   T

4. It is safe to become a blood brother or sister with someone.
   F

5. If you live in the same house with someone who has AIDS you cannot get the virus through casual contact.
T

6.* You can play with a friend who has AIDS.
T

7. We should treat someone with AIDS with compassion.
T

FOURTH GRADE

Process Questions

These questions are designed to help the classroom teachers to reinforce key messages of the lesson. It is helpful, as in all learning for students, to hear information more than once and for the message to be restated and actively processed several times.

The questions provided for the classroom Ping Pong Activity can be used in a discussion format as an alternative activity.

FIFTH GRADE SCRIPT

Key Concept: Fact Not Opinion

Key Question: "Can I get AIDS?"

Need: Make copies of Facts & Myths Sheets, one sheet per group of 5-6 students, scissors (one pair per group)

CHARACTERS:
Harvey - CHAMPS Peer Leader
Iva - CHAMPS Peer Leader
Victor - their wise-cracking CHAMP of a dog

VICTOR: (OFFSTAGE) I'm tellin' you, Harvey. 5th graders are too grown up to care about a puppet show.

HARVEY: Aw, come on, Victor. You never know until you give'em a chance.

VICTOR: No way. They already know everything anyway.

IVA: No they don't. And even if they did, everybody can use a little reminding.

VICTOR: Maybe, but not from puppets. Puppets are for little kids.

HARVEY: Well, you can think that if you want but...

IVA: Hey, Harvey.

HARVEY: Yeah, Iva.

IVA: I think we're already supposed to be up there.

HARVEY: What?

IVA: Come on, we're late. (ENTERS) Uh, hi, everyone.

HARVEY: Oh, man. Hurry up, Victor. (ENTERING) Yeah, er, hello. We're the HIV puppets. I'm Harvey, this is Iva, and this is our dog, Victor.

VICTOR: (PEEKING OVER TOP OF STAGE) This is silly. Just look at 'em. They're so old.

IVA: Oh they aren't either.

VICTOR: (STANDING UP) Yes they are. I'll bet half of them are married already.

HARVEY: Victor, nobody gets married when they're in the 5th grade.

IVA: But they are old enough to help us talk to the younger kids in the school about HIV and AIDS.

HARVEY: That's right, 5th graders. We're here today to make sure you get the straight facts about AIDS, not the rumors and myths that are often spread.

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VICTOR: Rumors and Myths? Aren't they that new rock band on MTV?

IVA: No silly. Rumors and myths are stories that you hear about things that probably aren't true.

HARVEY: For example, maybe some of you have heard that AIDS is a disease only some people can get. That's a myth because anyone can get AIDS when they don't take care to keep themselves safe.

IVA: Or, you may have heard the rumor that a person can get AIDS from a toilet seat, or a drinking fountain, or a mosquito bite, or even by sitting near an infected classmate at school. But there is no truth to that rumor at all.

VICTOR: Aw, they already knew all that. Just look at them. If they got any smarter, their brains would explode.

IVA: Some of the smartest people in the world still don't understand the truth about AIDS, Victor.

HARVEY: And the truth is that we must learn all we can to stay safe from AIDS and other diseases. Then, we have to do what we learn.

VICTOR: Alright, alright. So what do we need to know?

IVA: Well, did you know that even babies can become infected with HIV?

VICTOR: What? Babies? Babies can't even do anything. How can they get it?

HARVEY: Simple. They catch it from their infected mothers before, or while they are being born. And infected mothers who nurse their babies can pass it on through their milk.

VICTOR: I didn't know that. I guess if babies can get HIV, then anybody can get HIV.

IVA: You're right about that. But it's just as important to know how you can't get HIV, too.

VICTOR: What do you mean, Iva?

IVA: Well, lots of people worry about having a child with HIV in school. People need to understand that you cannot get HIV by sharing a book, playing on the playground, or eating in the same cafeteria as a person with HIV.

HARVEY: That's right. You can't get HIV from any kind of casual contact. But you know what else? You can't even get HIV from the sweat or tears of a person with HIV.

VICTOR: Wo... I didn't know that, either.

HARVEY: We don't need to be afraid of people with HIV, but we do need to be kind and compassionate toward them.

SONG: "A Friend Is Still A Friend"

HARVEY:
I can be kind to kids with HIV
Because I know what is true; it's easy now to see
Hate doesn't heal so why should I pretend
Because in sickness or health a friend is still a friend

IVA:
I can be kind to kids with HIV
Because I know what is true; it's easy now to see
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VICTOR:
We can be kind to kids with HIV
Because we know what is true; it's easy now to see
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HARVEY: People can only be infected with the virus through mixing blood or sexual fluids.

IVA: And, of course, an infected mother can pass it to her newborn baby.

HARVEY: Many children have been infected with HIV, the virus that causes AIDS, through contaminated blood transfusions. But hospitals now screen all blood, so that no contaminated blood is given to anyone anymore.

IVA: Remember, HIV can strike any age, sex or race, but it can be prevented. It can be prevented best by not having sexual intercourse and by saying no to drugs.

VICTOR: 'Course, like I've been sayin' all day, all of these 5th graders are too smart to get involved in anything that could cause HIV or other diseases. But I bet they will help teach other, younger, kids the truth about HIV and AIDS.

HARVEY: You're right, Victor. It's up to all of us to keep ourselves safe and healthy.

IVA: And that's easy to do if we remember the facts. We're counting on you, 5th graders. If you hear someone spreading myths and rumors about HIV or AIDS, tell them the truth.

HARVEY: You can make all the difference. Bye now. (EXIT ALL)

HARVEY: That's right. You can't get HIV from any kind of casual contact. But you know what else? You can't even get HIV from the sweat or tears of a person with HIV.

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HARVEY: You can make all the difference. Bye now. (EXIT ALL)

FIFTH GRADE

Activity: Facts and Myths about HIV / AIDS

CHAMPS Directors: Divide class into teams by counting off. Give each group a pair of scissors and a "Facts and Myths about AIDS-Student Worksheet". Ask each group to cut apart the rectangles and stack them. Then have them place their stack of cards in the center of their group. Tell them they have 10 minutes to divide that stack into two separate stacks. One will be facts, the other will be myths. You might need to explain that a myth is something that is not accurate information. Each group member should read one card out loud. The group should discuss and reach consensus about each card being careful to include all group members in every decision. When time is up, look through and see how each team did. Try and have it be as close as possible. If any cards were placed in the wrong stack give them to the teacher. Utilize the Guide to determine Facts or Myths.

(TEACHER: Please monitor game. At the end of the game, if the CHAMPS Directors hand you any cards, these may need to be discussed. This is to ensure that the children know the difference between the facts and myths about AIDS).

Supplemental Activity:

Show video, AIDS and the Immune System, available for preview through Churchill Films.

Available in Arizona through the Arizona Prevention Resource Center, (602) 965-9666.

FIFTH GRADE

FACTS AND MYTHS ABOUT HIV/AIDS--Student Worksheet

Directions to CHAMPS: Reproduce as many copies of this page as you will have groups, one page per group. Ask teams to cut the items apart, and scramble then so that they may sort them into two piles, one of facts and one of opiinions

THERE IS NO WAY TO SCREEN DONATED BLOOD FOR HIV	NOTHING HAS BEEN FOUND YET THAT CAN KILL HIV IN THE BLOODSTREAM	HIV/AIDS CAN BE PREVENTED
PEOPLE WHO GET HIV/AIDS ARE BAD PEOPLE	HIVAIDS CAN BE TRANSMITTEED THROUGH BLOOD AND SEMEN.	YOU CAN CATCH HIV IN SHOWERS
HIV/AIDS CAN BE PREVENTED BY NOT HAVING SEXUAL INTERCOURSE	HIV/AIDS CAN BE TRANSMITTED THROUGH SEXUAL INTERCOURSE WITH AN INFECTED PERSON	YOU CAN CATCH HIV/AIDS FROM SWEAT
YOU CAN CATCH HIV/AIDS DRINKING FROM SOMEONE ELSE'S GLASS OR CUP	ONLY PEOPLE OF A CERTAIN AGE, SEX, RACE, OR SEXUAL PREFERENCE CAN GET HIV/AIDS	YOU CAN CATCH HIV/AIDS FROM TOILET SEATS
BABIES CAN GET HIV/AIDS FROM THEIR INFECTED MOTHERS	HIV CAN TRANSMITTED BY DRUG USE BY SHARRING CONTAMINATED NEEDLES	EVERYBODY'S GOING TO GET HIV/AIDS
YOU CAN CATCH THE AIDS VIRUS BY A KISS	NO ONE HAS CAUGHT THE AIDS VIRUS FROM COMFORTING PATIENTS WITH HIV/AIDS	YOU CAN CATCH HIF/AIDS FROM DRINKING FOUNTAINS
NO KNOWN CASES HAVE BEEN TRANSMITTED THROUGH TEARS AND SALIVA	YOU CAN CATCH HIV/AIDS FROM ATTENDING CLASS WITH SOMEONE INFECTED WITH THE AIDS VIRUS	YOU CAN HIV/AIDS FROM SOMEONES'S SNEEZE

FIFTH GRADE

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BABIES CAN GET HIV/AIDS FROM THEIR INFECTED MOTHERS	HIV CAN TRANSMITTED BY DRUG USE BY SHARRING CONTAMINATED NEEDLES	EVERYBODY'S GOING TO GET HIV/AIDS
YOU CAN CATCH THE AIDS VIRUS BY A KISS	NO ONE HAS CAUGHT THE AIDS VIRUS FROM COMFORTING PATIENTS WITH HIV/AIDS	YOU CAN CATCH HIF/AIDS FROM DRINKING FOUNTAINS
NO KNOWN CASES HAVE BEEN TRANSMITTED THROUGH TEARS AND SALIVA	YOU CAN CATCH HIV/AIDS FROM ATTENDING CLASS WITH SOMEONE INFECTED WITH THE AIDS VIRUS	YOU CAN HIV/AIDS FROM SOMEONES'S SNEEZE

FACTS AND MYTHS ABOUT HIV/AIDS

Guide

MYTHS about HIV/AIDS

MYTH 1 You can catch HIV from the sneeze of an infected person.

MYTH 2 You can catch HIV from a kiss.

MYTH 3 You can catch HIV from a shower.

MYTH 4 You can catch HIV from the mouthpiece of the telephone.

MYTH 5 You can catch HIV from sweat

MYTH 6 You can catch HIV from sitting next to an infected classmate at school.

MYTH 7 You can catch HIV from toilet seats, door knobs, or eating utensils.

MYTH 8 You can catch HIV from drinking fountains.

MYTH 9 You can catch HIV from an infected person's cup, plate, or glass.

MYTH 10 You can catch HIV from a mosquito or bug bite.

MYTH 11 Only people of a certain age, sex, race ethnic group, sexual preference, or place of living get HIV/AIDS.

MYTH 12 Everyone in the world will eventually get HIV/AIDS.

FIFTH GRADE

FACTS AND MYTHS ABOUT HIV/AIDS

Guide

MYTHS about HIV/AIDS

MYTH 1 You can catch HIV from the sneeze of an infected person.

MYTH 2 You can catch HIV from a kiss.

MYTH 3 You can catch HIV from a shower.

MYTH 4 You can catch HIV from the mouthpiece of the telephone.

MYTH 5 You can catch HIV from sweat

MYTH 6 You can catch HIV from sitting next to an infected classmate at school.

MYTH 7 You can catch HIV from toilet seats, door knobs, or eating utensils.

MYTH 8 You can catch HIV from drinking fountains.

MYTH 9 You can catch HIV from an infected person's cup, plate, or glass.

MYTH 10 You can catch HIV from a mosquito or bug bite.

MYTH 11 Only people of a certain age, sex, race ethnic group, sexual preference, or place of living get HIV/AIDS.

MYTH 12 Everyone in the world will eventually get HIV/AIDS.

FACTS AND MYTHS ABOUT HIV/AIDS

Guide

FACTS about HIV/AIDS

FACT 1 A solution of household bleach and water, 100 parts water: 1 part bleach or 1/4 cup bleach to one gallon of water, can kill the AIDS virus outside the body.

FACT 2 There is nothing scientists have found as yet that will kill the AIDS virus once it has infected a person.

FACT 3 The tears and saliva of some infected people have been found to contain small amounts of HIV.

FACT 4 There have been no known cases of HIV transmission through tears, saliva, sweat, feces, or urine.

FACT 5 HIV/AIDS cannot be transmitted through "casual contact," i.e., talking with, eating with, sharing restroom facilities, etc.

FACT 6 HIV can be transmitted through the blood, semen, or vaginal fluids of an infected person.

FACT 7 HIV can be transmitted by sharing contaminated needles and syringes.

FACT 8 HIV cannot be transmitted when we go to our doctor for shots because all needles and syringes are sterile and are disposed of following use.

FACT 9 Babies can become infected with HIV from their infected mothers before, during, or after birth.

FACT 10 No one has caught HIV/AIDS from working with and comforting people with HIV/AIDS.

FACT 11 HIV/AIDS infected can be prevented by not having sexual intercourse.

FACT 12 HIV can be transmitted from one person to another through sexual intercourse.

FACT 13 HIV/AIDS can be prevented by saying "No" to drugs and alcohol abuse.

FACT 14 HIV does not discriminate. Anyone who engages in behavior that puts him or her at risk can become infected.

FACT 15 Right now health and science experts are working hard to find a vaccine and a cure for HIV/AIDS.

FIFTH GRADE

Process Questions

These questions are designed to help the classroom teachers to reinforce key messages of the lesson. It is helpful, as in all learning for students, to hear information more than once and for the message to be restated and actively processed several times.

The questions provided for the classroom Myths & Activities Activity can be used in a discussion format as an alternative activity.

CHAMPS HIV/AIDS TRAINING

• CHAMPS PUPPETEERS

CHAMPS Puppeteers are fifth graders in a K-5 school or sixth grade students in a K-6 school, who are trained in the school as Peer Leaders. For other school configurations (K-8, K-4/5-8, etc.) see Section IV, Pages 86-87. CHAMPS puppeteering provides an opportunity for students to use their leadership skills to positively influence their school. All students receive the HIV/AIDS training, although the students who are selected to train the younger students may include only a portion of those trained.

• CHAMPS ADULT PREVENTION TEAM

The Prevention Team or CHAMPS Coordinator will need approximately two hours to train the students and puppeteers. This time will include an orientation to HIV/AIDS information, an overview of K-5 scripts and activities, and an opportunity to practice the K-5 lessons in small groups.

• CHAMPS HIV PUPPETEER TRAINING

I. Introduction to CHAMPS HIV/AIDS Training (45 minutes)
    •Orientation to HIV/AIDS Information
II. Organizing Grade Level Training Groups (15-20 minutes)
    •Overview of K-5 Scripts and Activities
III. Rehearsal (40 minutes)
    •Practice in Small Groups
IV. Feedback and Applications (10 minutes)

EACH SECTION IS DETAILED FOR YOU AS FOLLOWS:

I. INTRODUCTION TO CHAMPS HIV/AIDS TRAINING

Welcome (time estimate: three minutes)

Welcome CHAMPS by saying: "As CHAMPS, it is important to get together to commit ourselves as peer leaders. Welcome to CHAMPS. Here you will have an opportunity to be leaders in your school and teach important messages to others".

Points to include:

- Everyone is a leader, a Champion.
- Must begin by becoming a Champion of myself.
- School is pleased to offer this opportunity to the "Leaders of the School", those students who are looked up to by the younger students.
- Today will be both fun and challenging.

CHAMPS Name and Significance

Practice out loud all together:

CHAMPS means:
Champs
Have
And
Model
Positive Peer
Skills

- Introduce CHAMPS by asking if anyone knows what CHAMPS means. Call on someone who does.
- Ask all the students to join in calling out the acronym for CHAMPS as you point to each word.
- Do this two to three times, then flip sign out of sight and ask students to chant what CHAMPS means one more
- Ask for one to two students who think they know the significance of CHAMPS to:
  -Stand
  -State significance of CHAMPS
- Applaud each one.

What are CHAMPS? (Brainstorm and report out on newsprint.)

What does it mean to be a Peer Leader? To be a Positive Role Model?

A New Responsibility

Explain to CHAMPS that HIV/AIDS education is required by law in all K-6 grade classrooms. As CHAMPS, they are leaders in their school in many ways. Give some examples of ways CHAMPS have shown leadership in their school or responsibilities they have carried out. Today they will be trained to carry out a New Responsibility. As CHAMPS, they will be given the chance to help younger children learn about and stay safe from a life threatening disease.

The New Challenge

Ask whether they are willing to accept this important new challenge to be peer leaders for the younger children in their school. Say: "Are you willing to become peer leaders in the fight against AIDS?" "Are you willing to become AIDS aware?" Are you willing to help keep young children safe from AIDS?" "Are you willing to be a positive role model against AIDS yourself?" "And finally, are you willing to be sensitive and show compassion to those who have AIDS?" Wait for a positive response from students after asking each Challenge Question.

AIDS/HIV Presentation

Choose one of the following three options:

- Overhead Presentation
- Puppet Presentation
- Video Presentation

Overhead Presentation
Conduct HIV/AIDS Overhead Presentation as outlined in Section VI, Pages 3-13. Ask a local health professional or identify a staff member to conduct the presentation. Explain that it is short, but contains very important information which they will be responsible to help teach to younger children. Mention to students that they will see and hear information that requires their maturity and leadership as positive role models to other CHAMPS.

Conduct AIDS/HIV Overhead Presentation
(15-18 minutes)

Ask for questions, comments, reactions. Allow for questions as time allows.

Puppet Presentation

Introduce fifth grade puppet presentation to sixth graders (or fifth graders in K-5 schools) by explaining that this is a sample of the kind of information that all grades will receive from the Puppeteers. Explain that it is short, but contains very important information which they will be responsible to help teach to younger children. Mention to students that they will see and hear information that requires their maturity and leadership as positive role models to other CHAMPS.

Conduct Fifth Grade Puppet Presentation
(5 minutes)

Conduct Fifth Grade Activity -
Facts and Myths About HIV/AIDS
(15 minutes)

Ask for questions, comments, reactions. Allow for questions as time allows.

Video Presentation

Introduce the video, AIDS/HIV Answers For Young People, or other age appropriate video by explaining that it is short, but contains very important information which they will be responsible to help teach to younger children. Mention to students that they will see and hear information that requires their maturity and leadership as positive role models to other CHAMPS.

Show AIDS/HIV Answers For Young People, Churchill Films
(18 minutes)

Ask for questions, comments, reactions. Allow for questions as time allows.

Role of CHAMPS Puppeteers And Directors

Explain to students that those selected will be going into K-5 grade classrooms to conduct a short puppet show with HARVEY, IVA and VICTOR, the "HIV" Puppets. They will have a script, puppets and puppet stage and will take approximately 5-15 minutes to perform their presentation. Explain that there will be a related activity for the younger students to do following each scripted show. Two or three students identified as CHAMPS Directors will take primary responsibility for the activity, while three CHAMPS Puppeteers will actually conduct the show. Tell the CHAMPS students that the lessons are all appropriate for the age of the kindergarten through 5th graders and last about 5-15 minutes in total time.

Sample Puppet Show

Facilitators present sample puppet show with pre-recorded script to all students. Tell students that the sample show is for first grade and that each of the shows is different but with the same characters.

II. ORGANIZING GRADE LEVEL TRAINING GROUPS

Divide students evenly into 5 groups, with one adult facilitator per group.

Group One = K - 1st grade
Group Two = 2nd grade
Group Three = 3rd grade
Group Four = 4th grade
Group Five = 5th grade

Give students two simple instructions about puppetry: (refer to Section IV, The Puppets: Techniques You Need To Know And More)

1. Proper Hand Position
2. Good Lip Synchronization

Refer to "Basic Techniques of Manipulation" in this manual.

Pass out grade level script to each student. In trio's allow all group members to read and practice their script aloud.

III. REHEARSAL

Allow about 15-20 minutes for students to practice puppet show and presentation of grade level activity. Adult facilitator in charge of each group should encourage positive peer feedback and suggestions . Rehearsal is done without the actual puppets or stage, practicing proper hand position and lip sync. If time allows, students may begin to do the activity for their assigned grade level.

Alternate Suggestion

Collect as many hand puppets as possible (prior to the training days) from homes and classrooms. Allow students to present with a variety of "stand-ins."

Second Alternate Suggestion

Provide students with materials to make single puppets during rehearsal time. Materials might include paper lunch bags, tube socks, markers, felt, glue, yarn, etc.

IV. FEEDBACK AND APPLICATIONS

Set up a positive atmosphere for feedback by asking all students to think of at least one thing they liked about their presentation and how their fellow classmates performed. Ask peers to comment out loud about the positive things they noticed.

• APPLICATION TO BECOME A CHAMP PUPPETEER

Students may take and fill out an application to become a CHAMP Puppeteer. Applications should be signed by the student's parent and classroom teacher as well as themselves. They should be returned the following day to any Prevention Team Member. Applications should be screened to consider an appropriate mix of students, gender, ethnic background, time availability and ability to miss class occasionally.

CHAMPS Puppeteer Application

NAME ______________________

TEACHER ______________________

Why do you want to be a CHAMPS Puppeteer?

____

____

____

When would you be available to practice?

before school __________ during lunch ______________

after school ______________

What have you done or are willing to do to be a positive role model at your school? ______________________________

____

____

How active have you been in your CHAMPS program. (Please Describe)

____

____

____

Please have parents and teacher sign. Return to your teacher.

Parent Signature ______________________

Teacher Signature ______________________

Student Signature ______________________

CHAMPS PUPPETEER TEAM OPTIONS

Following are a series of options for operating puppeteer teams in your setting. Obviously the more students who are involved in the HIV/AIDS presentations the better the "peer process" works. We want to give you several options, however, so you can select the one that will work best for you.

- **OPTION ONE: CHAMPS PUPPETEER TEAM**

  A team of 5-10 students who have leadership qualities would become the CHAMPS Puppeteer Team for your campus/organization. This team is responsible for conducting the K-5 lessons for each grade level class. They prepare for each grade level presentation and then present to each class separately, or have all classes from one grade level come to a specific location (cafeteria, multi-purpose room, etc.) for a large group presentation. The activities that follow the puppet presentation can be done in the large group or back in the respective classrooms.

  One adult facilitator is needed to work with the CHAMPS Puppeteer Team.

- **OPTION TWO:**

  Two teams are trained, 5-8 members on each team. One team handles the K-2 lessons and another team handles the 3rd - 5th grade lessons. Two adult facilitators are needed to work with the puppeteer teams. Each team prepares for its grade level (K-2 or 3-5). They may present to each class separately, or have all classes from one grade level come to a central location for a large group presentation. The activities that follow the puppet presentation are done in the large group or back in the classroom. A schedule is devised for practice and presentations so that the kit can be shared by the two teams..

- **OPTION THREE:**
  Several puppeteer teams could be in place, perhaps one per grade level. Each team could take a month to prepare and deliver their grade level puppet presentations. This option involves more peer leaders, but the benefits are greatly enhanced as more students have the opportunity to serve their school. This option would require an adult facilitator for each puppet team.

- **IMPLEMENTING CHAMPS HIV/AIDS WITH OTHER SCHOOL CONFIGURATIONS**

  We realize that your school configurations may vary (K-8, K-4, 5-8, etc.). Please consider the spirit of the CHAMPS HIV/AIDS Elementary Prevention Program and make the minor adjustments and adaptations to make this program work for you.

  Example: In a K-8 school setting, selected 7th and 8th graders could be the puppeteer team as well as assist with the 6th grade training.

  In a K-4 school have the 4th graders become the puppeteers.

  The most important thing is to use the peer approach and get the age appropriate lessons to each grade level student so that they may learn the facts and precautions to keep themselves safe from this deadly virus.

- **IMPLEMENTING CHAMPS HIV/AIDS WITH COMMUNITY SERVICE ORGANIZATIONS**
  4-H, YMCA, YWCA, Campfire Boys & Girls, Girl Scouts, Boy Scouts, Boys & Girls Club, etc.

  Youth service organizations around the country have made beautiful adaptations of the CHAMPS Peer Leadership Program to work very effectively within their various group settings.

Organizations have implemented "CHAMPS CAMPS", where along with their normal camp activities they have introduced life skills training, using older students to work with younger students. These organizations have successfully linked with schools in their service area and provided additional after school and summer reinforcement.

Many of these service organizations hold summer camp sessions, after school care programs, and various services for youngsters. They now have the opportunity to use this peer approach to present HIV/AIDS education to youngsters. Older students can form the puppeteer teams and teach their younger peers.

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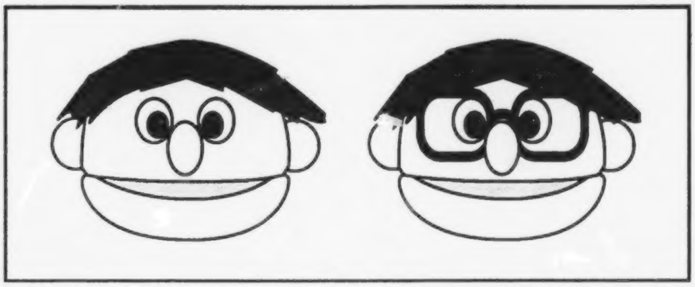
SECTION V

THE PUPPETS:

Techniques You Need To Know and More

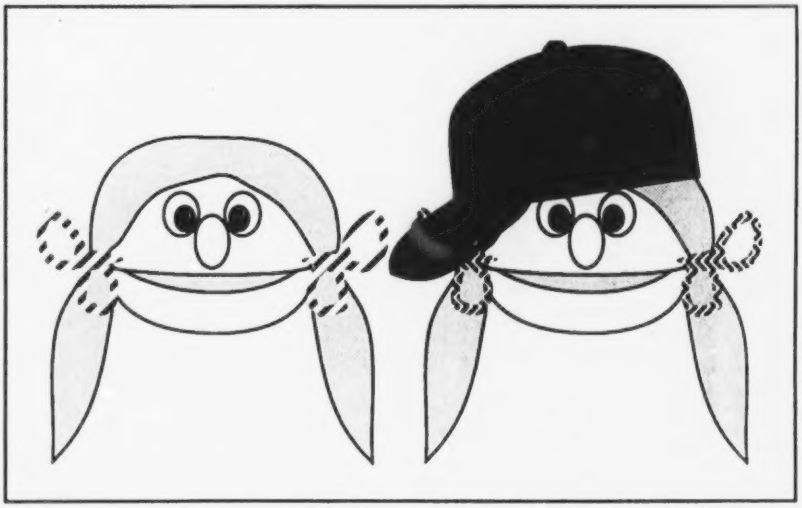
PUPPET TRANSFORMATION

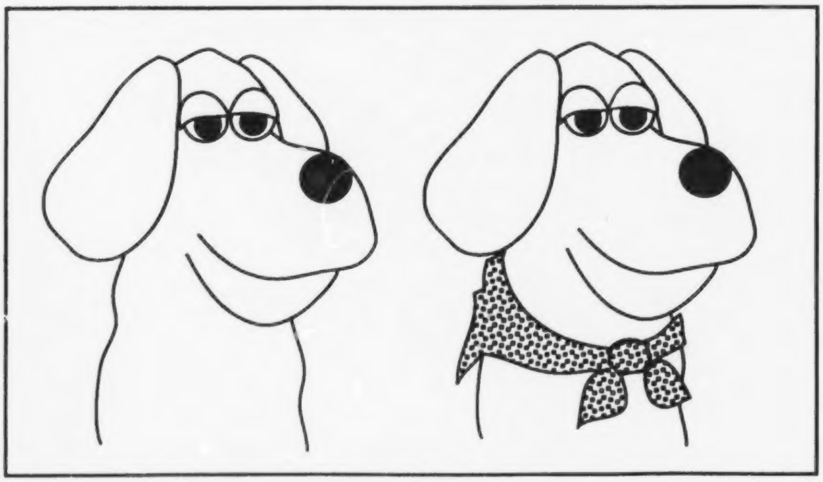
If you are actively using both the HIV/AIDS and TOBACCO peer leadership programs in your locality, you may wish to take a few simple steps to keep the individual characters from each set distinct. Although, you will have no difficulty in using the puppets just as they are, modifying them slightly when they portray different roles is something you may find helpful. Below are a few very simple suggestions for transforming your characters from Harvey, Iva and Victor into Guy, Ashley, and Zippo.



To transform Harvey into Guy:
Purchase a pair of children's sunglasses (avoiding neon colors) and remove the lenses from them. Secure these to Guy's head by running a rubber band around the back of his head and connecting the ends to the ear pieces of the glasses. Then, brush his hair over the rubber band to make it invisible to the audience. Changing his hair style (hair spray will hold it in place) will also help to modify his character.

To transform Iva into Ashley:
Purchase a child-sized baseball cap. Secure this to Ashley's head with straight pins. Changing her hair ribbons is also recommended to complete the transformation.



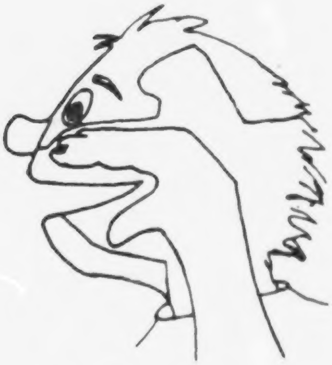


To transform Victor into Zippo:
Purchase a bandanna of a style which is not likely to be connected to or confused with gang colors. We suggest something with stars and strips, multicolor polka dots, etc. Tie this loosely around Zippo's neck. Secure with straight pins.

BASIC TECHNIQUES OF MANIPULATION

1. Be sure that your puppeteers know the correct way to hold their puppets. Insert one hand through the body of the puppet and into the mouth. Your hand should feel comfortable with four fingers in the roof of the mouth and the thumb in the jaw below. (See illustration A) Both the fingers and the thumb should be touching the cloth-covered mouth.

Illustration A



2. Correct mouth action is necessary in good puppetry. Synchronize the opening of the puppet's mouth with the spoken word. Avoid moving the mouth at random during a sentence. Do not open the mouth all the way with each word. Save the wide openings for exaggerated or loud expressions. Practice opening the puppet's mouth by moving your thumb downward without moving your fingers upward.

3. Eye contact is very important. Remember to look at the audience regularly. If your stage is elevated, you will want your puppets to look down a little more than usual. This will ensure more effective eye contact with your audience.

4. If you want your puppet to appear natural, good posture cannot be ignored. To achieve this, the puppeteer's arm must be held at right angles to the floor and the hand held level. This position requires a firm yet relaxed appearance when done correctly. Do not allow puppet to lean from side to side nor lean on the stage. Poor posture is annoying and will detract from the show.

5. In order to make your puppet enter and exit correctly, he must appear as if he or she is walking up or down a flight of stairs. The puppet should never appear or disappear suddenly. This movement uses the whole arm and requires the puppeteer to keep his forearm straight up and down while the wrist remains relaxed. Using a fluid motion, the puppeteer moves forward as he "bounces" the puppet onto the stage. With each bounce of the arm, the puppet comes more fully into view. When the puppet leaves the stage, this process is reversed. Simply nodding the puppet's head, as he enters or exits, is not sufficient to give the impression of stairs. Walking across the stage is similar to entering and exiting. The puppeteer makes short, brief bounces without raising or lowering the average stage level of the puppet.

HOW TO DEVELOP A GOOD SHOW

PUPPET PRACTICE

Practice for:

1. Good Lip Sync
2. Entrances / Exits / Eye Contact
3. Personality Development

WAYS TO PRACTICE / IMPROVE SKILLS

1. Sit in circle without puppets.
   Count to 100 out loud (whole group)
   Lip sync with hands. Watch each other.
2. Sit in circle with puppets.
   Act out a particular emotion, behavior, character trait.
   Watch each other.
3. Watch Sesame Street for:
   - Lip Sync of Puppets
   - Entrances / Exits of Puppets
   - Eye Contact of Puppets
   - Personality of Puppets

HOW TO MAKE PUPPETRY A PART OF OTHER PEER EFFORTS

Once you have completed the HIV/AIDS presentations with each grade level, other applications and uses for the puppets are endless. You now have a trained puppeteer team (or teams) that are most likely very anxious to continue their puppeteering!

In Section V of this manual, you will find detailed information about Advanced Puppetry Techniques, including: script writing, voice characterization, pre-recording your shows, and directing your own shows.

We hope the following ideas will pique your interest in continued use of the puppets and the peer approach.

IDEAS AND SUGGESTIONS

- Students write scripts on other topics, pre-record, and present to younger students. Topics could include: self esteem, decision making, safety, why you shouldn't smoke, or other subjects of interest.
- Students can present puppet presentations to children's hospital wards, nursing homes and pre-schools as community service projects.
- Students can deliver needed messages at school assemblies using the power of the puppets to communicate on topics such as:
    - Behavior on the playground
    - Attendance
    - Tardiness
    - Classroom conduct
- Students can introduce the HIV/AIDS Program and introduce other programs to parents at an Open House/Parent Orientation Night, or PTA Meeting.
- Students can perform the HIV/AIDS lessons for a school board meeting.
- The puppets should be displayed from time to time in your school office or other prominent place to promote interest in the HIV/AIDS Program.

HAVE FUN AND ENJOY!

ADVANCED PUPPETRY TECHNIQUES

Script Writing

Script writing is an important aspect of puppetry which cannot be overemphasized. Puppets are, after all, just like any other performers who are dependent on their lines for a successful performance. Star actors and actresses read scripts which are offered to them and are quite selective about which ones they choose to perform. They recognize that a quality performance is not enough to overcome a seriously deficient script. Puppets, of course, do not have this advantage. For this reason, it is imperative that the puppet director screen each script and insist upon quality material before allowing it to be performed.

Several factors influence the suitability of a script and must be kept in mind during its development. These factors form an excellent framework within which the creative puppeteer or script writer can fabricate an entertaining program.

1. One of the most important considerations in script writing is to ensure that the vocabulary is s suitable for the age level and educational background of the audience. The use of vocabulary which the audience is not able to understand results in attention shifting away from the puppets, and the puppet show fails to accomplish its goal. Make sure the words and content of the script are easily understood by the audience.
2. Puppets will frequently become behavior models for younger audiences. That is, they will often imitate the behavior of the puppets or copy their vocabulary. It is important, therefore, to realize this and write the script accordingly. Violence of any sort should not be included in the play if it may lead to aggressive behavior by the children. Also, phrases and words such as "stupid", "dumb", and "shut up" serve no useful purpose and should not be included. This may seem like a trivial point, but the influence of puppets, like that of television and other communications tools, is dramatic and must be controlled.
3. The length of the plays is very important. A frequent mistake made by many puppet teams is the production of plays which seemingly never end. When writing puppet plays, always keep in mind that the success of puppets lies in their ability to command the attention of the audience. Overly long plays destroy this ability. It is better to leave audiences wanting to see more than to have them feel they should have left early. A general rule for the length of the puppet plays is:

   Primary (grades 1 - 3) -- less than six minutes
   Junior (grades 4 - 6) -- 6 - 8 minutes
   Junior High --- 10 - 12 minutes
   High School and Adults --- up to 15 minutes

Note: This time length rule does not apply to musicals and variety shows, since these types of shows are viewed as many short numbers, as opposed to one continuous script.

4. Length of individual lines is also something to watch in your plays. Do not have extended monologues or the audience will become bored and lose interest in the play. Dialogue should be brief and stress back-and-forth interaction among the puppet participants.
5. Scripts for puppets must be relatively simple. Do not attempt to become too complex by introducing subplots or involved characters. Each puppet play should be restricted to one theme. Instructional puppetry should not attempt to teach both vowels and numbers in the same play. The two concepts should be separated in different plays with at least slightly changed formats.
6. Puppet shows require action. Plays should be written with this in mind. The scriptwriter should visualize onstage action as the play is being written to ensure a good flow of action throughout the play. (Caution should be exercised, however, to keep from having competing forms of action onstage at the same time.)
7. No more than three of four puppets should be onstage at one time unless musical numbers are being performed. Scripts should be written to have puppets enter and exit in order to keep this maximum number under control.
8. If intermissions are necessary to change sets or puppets, make them as brief as possible to keep from harming the atmosphere created by the puppets. Scripts should be written to keep intermissions to a minimum.
9. When puppet characters are developed for permanent use by a puppet team, the scriptwriters will need to be aware of these personalities in order to consistently present each personality from one play to the next.
10. Don't forget the humor. Puppets naturally make your audience want to laugh. It is important that you allow them to. Always try to write some humor into your scripts. It may be in the form of a joke, puns, slapstick or even the absurd. Remember, though, just as in vocabulary, that the humor must fit the audience.

Voice Characterization

One of the most important factors in a live puppet show is the proficiency of the puppeteer in their voice characterization. The voice of a character does much in establishing exactly what sort of personality he has. In fact, the sound of a character's voice is so important that many people earn a living by supplying special voices for cartoons, commercials, radio dramas, and documentaries. Some notable "voice" personalities are: Mel Blanc (Warner Brothers Cartoons), June Foray (Jay Ward Productions), Paul Winchell (well-known ventriloquist, known also as the voice of Dow Bathroom Cleaner's "Scrubbing Bubbles"), Alan Dinehart (Hanna-Barbera Cartoons; PPI Bible Truths 3, 4, & 5), Hal Smith (PPI Bible Truths 3, 4 & 5; various commercials; several Christian musicals published by Zondervan), and William Conrad (radio's original Marshall Dillon, cartoons, documentaries).

Voice work is something which requires determination, concentration, and a lack of inhibition. One must get rid of the feeling of self-consciousness before he or she can become proficient in voice characterization.

The first step in beginning voice work is study -- not of books, but voices. Listen to the voices on Saturday morning cartoons. There are many in which one person does two or three voices. See if you can pick out the voices done by one person. This separating process will help you to see that, with only slight variations, many different voices are possible. It will also help you to learn the different ways of altering a voice.

The human voice is capable of a staggering number of different sounds. This ability is what makes voice characterization possible. You must learn to combine these different sounds together in order to be successful. Remember that "practice makes perfect." It is also important to note that it is not necessary to affect your voice so much that no one recognizes it as yours. You can rest assured that Mel Blanc's close friends and relatives can pick his voice out of a crowd. This will probably also be true for you. The test is not whether anyone can recognize you, but rather whether the voice is believable. Listed below are various ways in which you can alter your voice.

METHODS OF VOICE ALTERATION

1. Pitch: By raising or lowering the pitch of your voice, the gender (male or female), age, or relative size and strength of the character can be altered. Remember that the entire tonality of the voice must be adjusted and that the normal variances in pitch which accompany everyday speech must be maintained in the new voice.
2. Quality: The quality of the voice is that which demonstrates the difference between people. Line up any group of people, and you will find that the main part of their voice which separates them from everyone else is the quality. The quality of the voice is the underlying tone. Some examples of different qualities are:

   NASAL -- Running all the sound through the nose. Try to keep a minimum of air from escaping through the mouth.

   STUFFY -- Running all the sound through the mouth. Try to keep a minimum of air from escaping through the nose.

   BREATHY -- Using much more air than normal in the pronunciation of each word, as though trying to blow out a candle while speaking.

   WHEEZY -- Using much less air than normal in the pronunciation of each word. Requires constriction of the throat during speech.

   GRAVELLY -- Extremely throaty pronunciation. This variation can be painful if used for an extended period. Requires rasping of voice.

   CLEAR -- Use normal air flow and throat.

3. Pronunciation: Differences in locale, personality, apparent intelligence, mood, or ethnic origin are all established by the pronunciation of the words. For example, you would slur the speech of a character whom you intended to be recognized as one lacking intelligence, while an inventor/genius-type character would be presented with a highly articulate speech pattern. Characters from foreign lands should, by rights, have an appropriate accent. NOTE: If you have trouble doing accents properly, it is best to stay away from them. Some examples of different pronunciations are:
SLUR -- Tying words together while de-emphasizing ending consonants. Gives character a lazy or uneducated sound.
ARTICULATE -- Distinct separation between words and accented final consonants. Gives character a nit-picking or intelligent quality.
DRAWL -- Slow delivery of vowel sounds. Emphasize pitch variations on vowels. Gives character a "country" or southern sound.

Pre-Recording Your Shows

Why pre-record? Well, there are a number of good reasons. When your show is pre-taped, all sound effects, music and dialogue will be on time and audible. It makes no difference if your puppeteers have sore throats or for some other reason cannot do a puppet voice. It will be right there, exactly the same, every time, on the tape.

Another advantage to pre-recording is the fact that your audio set-up would not require the use of several microphones at a performance. Simply plug the tape deck into the amplifier and away you go.

But, perhaps the most important reason for taping your shows is the fact that you will be eliminating the possibility of missed cues and mixed-up lines. Few things can be as frustrating as having a script flounder because one puppeteer forgot his or her line or gave the wrong cue.

There is no need to be frightened by the thought of taping your shows yourself. In fact, recording your own tapes can be an exciting and rewarding experience for both you and your puppet team. The following suggestions can help you produce quality tapes.

Most people do not have access to several microphones, a mixer, and a multi-track recorder. However, quality tapes can be produced simply with one microphone and a cassette recorder. Of course, good tapes (TDK, Maxell, etc.) and a good microphone (Shure Dynamics) are a must for quality recording. Any microphone can be plugged directly into your cassette player using a combination of adapters, which can be bought at most stereo or electronics stores (a transformer is not necessary).

The room in which you record has a great deal to do with the quality of your finished tape. Find a small room with thick carpet and lots of drapes, if possible. Select the wall with the most curtain area as your wall to record against. Assemble a collection of pillows and blankets (the thicker, the better) and decide on a way to suspend them at microphone level against the selected wall, to aid in reducing the echo in the room. The more you use, the better your results will be. This is known as "treating the wall".

Next place your microphone(s) within four feet of the treated wall, giving just enough room for your "voice" people to stand between the microphone and wall. If more than two people are assigned to one microphone, it is best to have them stand in such a way as to permit the quiet movement of "voices" in front of the microphone to speak their lines. They should stand between 8 to 12 inches from the microphone (except when special distant effects are desired). A windscreen should be used on the microphone to prevent "popping" on such letters as P and B. If one is not available, a piece of 1/2" to 1" thick foam rubber can be placed over the microphone with a rubber band. Also, remind the "voices" to minimize the P's and B's so they are not so explosive.

The recording level should be checked for each "voice" at the exact speaking level and distance from the microphone to be used during the recording. Most cassette tape decks have a pause button so that the record button can be pushed and the input level monitored on the meter (if your machine has one) without actually recording. Adjust the level of each voice by either moving the record level on the tape deck, changing their distance from the microphone, or having them speak louder or softer. The level should be where the needle barely reaches the red at the loudest points.

Fadeouts can be achieved by simply moving away from the microphone and speaking more softly, or slowly turning the record level down at endings. To fade in, just reverse the process. You will need to have your "voices" practice this until the desired effect is achieved.

After recording, check the tape by using headphones or a speaker system to make sure the tape is recorded to your satisfaction with no distortion. Listen particularly to the S's to make sure they sound crisp (not raspy). If they are distorted, lower the record level and record once again.

Music at the beginning and at the end of the tape can add an extra degree of appeal. It is always best to record music direct (using patch cables) and avoid using microphones. Try to select music which has natural beginnings and endings. Otherwise, fade them in and out to give our finished tape a smooth flow.

ADVANCED MANIPULATION

The most important aspect of advanced puppetry is subtlety. For a movement to look real, it must be controlled. Unnecessary motions must be gotten rid of. Make small, subtle movements. Some things that should be weeded out are:

1. **Nodding when you have nothing to say**
   There is a tendency for those puppets who are not speaking to nod in agreement with the speaker. This has to go.
2. **Too much turning of the head while speaking**
   Many puppeteers feel that looking over every person in the audience during each word their puppet says is a must. It isn't. It's bad puppetry.

You will find that most of the subtle techniques are body or head movements. Things can and should be done to give the impression of an entire moving body, not one that just moves from the waist up.

The Head

Because the facial features cannot be altered, it is up to the rest of the body to make expressions of emotion. Head movement is one of the most important techniques to master if you want an expressive puppet. For example:

- A quickly opened jaw, combined with a slow head turn, can imply surprise or disbelief.
- A slowly opened jaw, combined with a slow head turn, makes your puppet look as if it just had an idea.
- Tilting the head to one side means your puppet is puzzled or has a question.
- A full face take from where the puppet has been looking to the audience exhibits frustration, exasperation, or a plea for help in an unpleasant experience.

The Body

The body of the puppet is the part which must convince the audience that the puppet character does indeed have feet. After all, people do more with their feet than walk. We run, jump, kick, skip and many other activities. The secret here is the appearance of balance. The human body must compensate for foot movements, therefore, the puppet body must also.

To jump, the puppeteer must lean the puppet forward as if prepared to jump, then swing his elbow so that the puppet is leaning back before landing.

To kick, the same movement as a jump is required, but at a quicker speed and without moving the puppet very far.

The body movement for dancing depends on which direction the feet are supposed to be moving. A general rule for balance is to lean the puppet body slightly in the opposite direction from the imaginary feet. It's good to bob the puppet also, but try to keep the head level at all times.

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Puppet Director's Handbook, Puppet Productions, Inc. 1988

SECTION VI

THE FACTS:

HIV/AIDS Information

for

You,

Your Staff,

and

Your Parents

IN-SERVICE MATERIALS:

for

Staff & Parents

IN-SERVICE TRAINING

- **Staff**
- **Parents**
- **CHAMPS Students**

It is important for you to train your staff, CHAMPS Students, and interested parents in the best available HIV/AIDS information.

You may conduct these in-services yourselves or feel free to ask someone from the local health department, AIDS program, or other health professional to conduct the following program. They may prefer to conduct one of their own choosing.

To keep it simple, we have provided you with eight overhead master copies and a corresponding script. Simply reproduce overhead transparencies by photocopying each master copy onto a blank transparency.

The presentation can be done in approximately 20 minutes, and 30 minutes should allow for questions.

Following the HIV/AIDS update, parents and staff members need a quick overview of the CHAMPS HIV/AIDS Peer Leadership approach, immediately followed by a sample puppet show to illustrate the effectiveness and age appropriate messages of the program.

HIV/AIDS OVERHEAD PRESENTATION

To be Presented to:

- HIV/AIDS Prevention Team
- Parents
- Staff
- CHAMPS HIV/AIDS Training
  Option One AIDS/HIV Presentation
  (Section IV, Page 86 and Section VII, Pages 3-13)

To be Conducted by:

- County Health Office,
- Local AIDS Project Worker,
- School Nurse, or
- CHAMPS HIV Team Member

SCRIPT FOR
HIV/AIDS OVERHEAD PRESENTATION

Overhead #1 What Causes AIDS?: Many people tend to use the terms HIV and AIDS interchangeably. They are different. HIV stands for Human Immunodeficiency Virus. This is the virus that attacks the immune system and breaks it down until it is unable to fight off infection. AIDS stands for Acquired Immuno Deficiency Syndrome. Once the immune system is depleted the body goes into what we call full-blown AIDS. A person contracts one disease on top of another. There are approximately 22 diseases associated with AIDS such as, pneumocystic carinii pneumonia, neurological complications, meningitis, herpes I and II, and tuberculosis. A person does not actually die from AIDS, but from any one, or a combination of the 22 diseases

Overhead #2 HIV Spectrum: Once a person is infected with HIV they can begin infecting others within two hours. They will not show symptoms of the virus for approximately 8-12 years. Once the symptoms begin, the immune system becomes depleted. When the T-Cell count gets below 200, or they have an opportunistic disease (those shown above), a person is considered to have full-blown AIDS. A healthy person's T-Cell count is about 1200. As soon as full-blown AIDS is diagnosed the person will usually continue to get sicker, and will live about 3 years. However, that is changing due to new medications and early treatment.

Overhead #3 The Hippopotamus: The top portion of the hippo represents people with full-blown AIDS. There are about 220,000 people in the U.S. with AIDS as of mid 1992. The bottom portion represents those people infected with HIV. That number is about 1-2 million. Women and adolescents are the two fastest growing groups contracting the disease. Adolescents experimenting with drugs and sex can see immediate consequences through over-doses, pregnancy or drinking and driving accidents. They don't see the adverse effects of HIV infection at all for several years. It is kind of like telling a child not to smoke because they could get lung cancer. It can take 30 years to get lung cancer. It can take 8-12 years to become symptomatic with AIDS related diseases. About 1/250 are infected with HIV in the United States. The average age of a person with full-blown AIDS is 20-29 which means they have likely been infected sometime in high school or college. Thus, the importance of educating young people prior to high school.

Overhead #4 Transmission of AIDS: Intimate sexual contact and sharing unsterile needles are the two easiest ways to become infected. Hospitals are now testing all blood very carefully. The blood given to people during a transfusion is 99+% uninfected. An infected mother can pass the virus to her child in utero, during birth or possibly through breast milk. One in four infants contract HIV from their infected mothers.

Overhead #5 Body Fluids: Semen and blood carry the highest concentration of the virus. Vaginal fluids and mother's milk have a lower concentration. You may see in the media that HIV was found in saliva, tears or sweat. There are traces of the virus in these body fluids, however, it would take about six quarts of these fluids to be enough to pass the virus on to another person.

Overhead #6 AIDS is not transmitted by: Emphasize that the virus CANNOT be passed from one person to another through casual contact. There has to be blood to blood, or semen to blood, or vaginal fluid to blood contact.

Overhead #7 Symptoms: Many people look at this and think they have the virus. In all of these symptoms it is extreme cases of each. Extreme fatigue meaning you can hardly get yourself out of bed in the morning. Diarrhea for longer than two or three weeks is considered extreme. Some infected people have it for two or three years. Usually a person will get several of these symptoms, not just one.

Overhead #8 HIV Antibody Testing: When someone is tested for the virus, they do an antibody test. Once infected it can take up to six months before your body produces the antibodies. The time between infection and the production of antibodies is considered the window period in which an infected person can test negative for the virus. Once tested they recommend you be tested again in three to six months. If someone is engaging in high risk behavior they should be tested frequently. The test is called an ELISA test and is not always accurate, however, if someone tests positive on a second ELISA they can then do a Western Blot test to confirm a positive ELISA. Most cities have free and anonymous testing. Check with your County Health Department for locations.

WHAT CAUSES AIDS?

A virus we call "HIV"

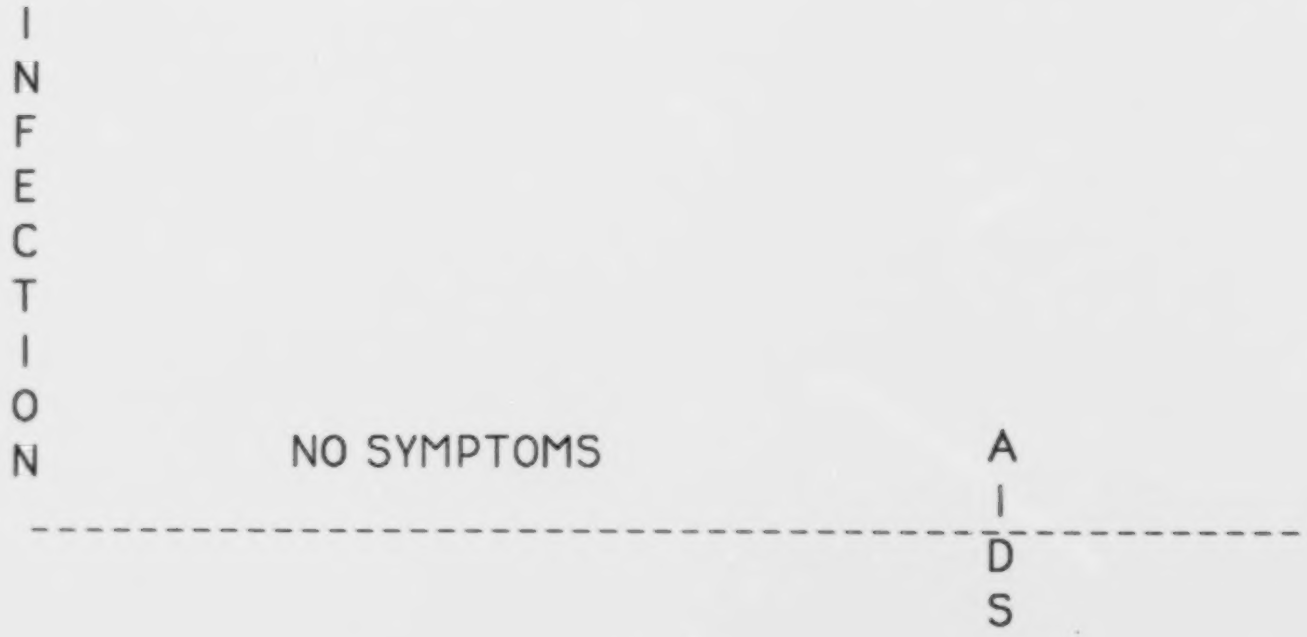
H--HUMAN

I--IMUNODEFICIENCY

V--VIRUS

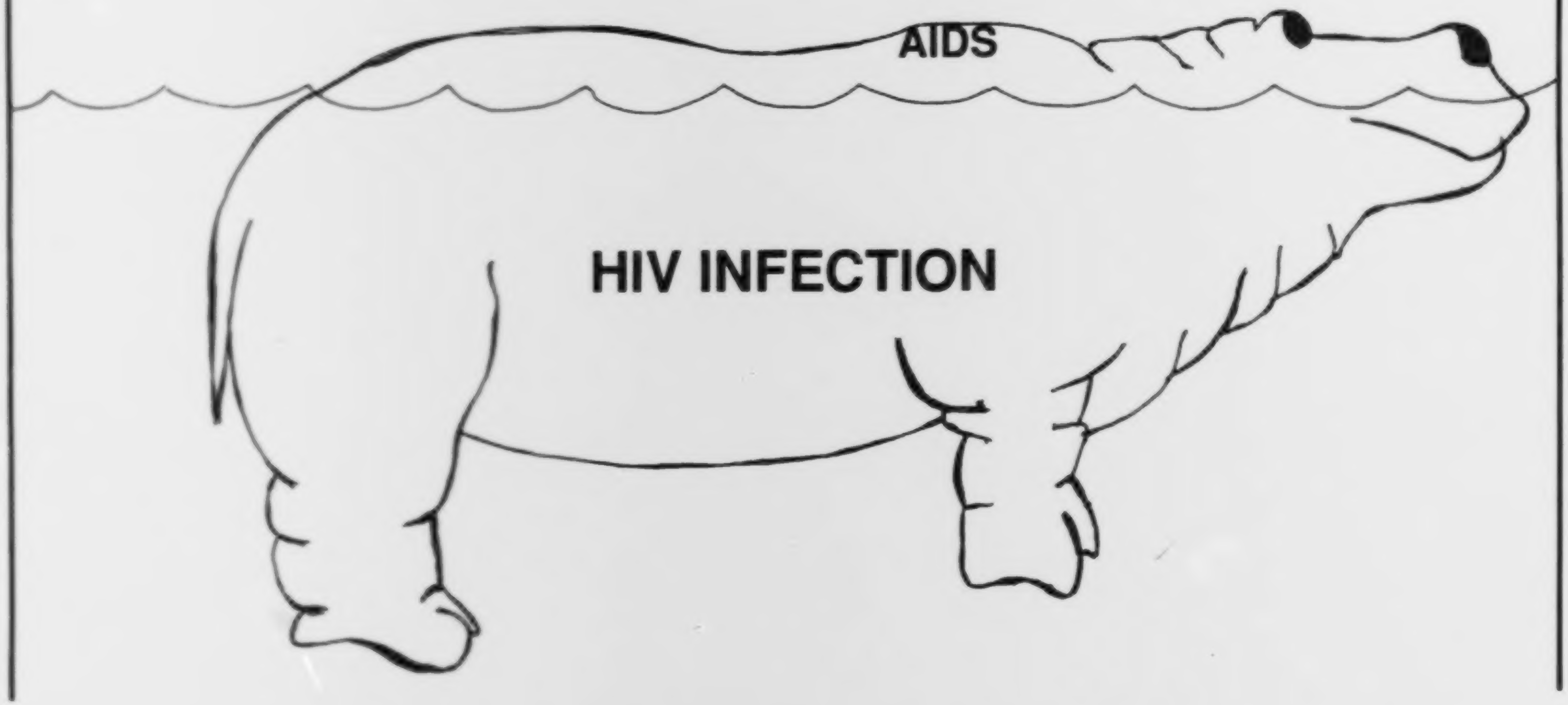
Overhead #2

HIV SPECTRUM


INFECTION
NO SYMPTOMS
AIDS

AIDS
IS PREVENTABLE

THE HIPPOPOTAMUS


AIDS
HIV INFECTION

Concept by Lester Wright, M.D. and his Malawian friends

Overhead #4

TRANSMISSION OF AIDS

Intimate sexual contact

Sharing unsterile needles

Receiving blood or blood products from persons infected with the HIV virus

Infected mothers to their infants

Overhead #5

Through Which Body Fluids Can HIV Be Transmitted?

--YES --

blood

semen

vaginal fluids

breast milk

--NO--

urine

feces

saliva

tears

sweat

Source: Smith, B.E. (1990) HIV Education for Adult Literacy Students: A Guide for Teachers. Glenmont. NY: Hudson River Center for Program Development Inc.

AIDS IS NOT TRANSMITTED BY:

Sneezing or coughing

Handshakes or other non-sexual contact

Food prepared or served by an infected person

Being around an infected person

Drinking fountains

TOILET SEATS!

WHAT ARE THE SYMPTOMS?

Unexplained:

Tiredness, extreme fatigue

Fever, shaking, chills

Swollen glands at multiple sites

Weight loss: 15 or more pounds in 1 month

Diarrhea longer than 2-3 weeks

Thick, whitish coating on tongue or throat

Dry cough

Pink or purple flat or raised blotches on or under skin

MANY, MANY PEOPLE ARE SILENT CARRIERS

Overhead #8

HIV ANTIBODY TESTING

ELISA

Enzyme--linked immunnosorbant essay

WESTERN BLOT

Used to confirm a positive ELISA

GENERAL
HIV/AIDS
FACTS &
INFORMATION

- *What is AIDS?*
- *Answers to Questions Students Ask About AIDS and HIV*
- *Deciding What to Say to Younger Children (Late Elementary and Middle School Aged)*
- *Teaching Tips*
- *Glossary of Terms*

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WHAT IS AIDS?

What causes AIDS?

AIDS is the end result of an infection caused by the human immunodeficiency virus, or HIV.

How does HIV differ from cold or flu viruses?

One major difference is that HIV cannot be transmitted by casual contact (everyday contact in the home, school, or workplace). Some viruses, such as those that cause colds or flu, can be passed through casual contact, such as sneezing, coughing, or sharing eating utensils. There are no known cases of HIV that have been transmitted by such means. Of course, the diseases these viruses cause also are very different. These differences stem from the biology of each virus.

How is HIV infection like other sexually transmitted diseases (STDs)? How is it different from other STDs?

HIV infection is an STD, meaning that the virus that causes the disease can be passed from an infected person to an uninfected person during anal or vaginal intercourse, or oral sex. HIV is found in greatest concentration in semen, vaginal fluid, and blood. If one person is infected with HIV, the virus may be passed in these fluids during sexual intercourse.

Like other STDs, HIV infection can be prevented by abstaining from sexual intercourse or by having a monogamous relationship with an uninfected partner. The risk can be reduced by using a latex condom during sexual intercourse. Unlike most other STDs, HIV infection cannot be cured.

I have read about the "unknown risk" group of people with HIV infection. Could they have contracted it through casual contact or mosquito (insect) bites?

No. The "unknowns" are mainly (a) people who die before they can be questioned or are otherwise unavailable for questioning about risk behavior, (b) people who are too ill to provide information about themselves, and (c) people who were misdiagnosed.

Scientists have studied families and neighbors of HIV-infected persons and AIDS patients. No one in these studies has developed HIV infection or AIDS as a result of casual social contact, through sharing households, or via animals or insects.

Can you carry the virus and not develop AIDS?

We do not know. Almost 50 percent of those infected with HIV have developed AIDS within ten years of being infected. More infected persons may develop AIDS over longer periods. In this respect, AIDS is like other diseases. You need to have the virus to get AIDS, but having the virus may not mean that you have to get the disease. One reason we cannot be sure how many of those infected will get the disease is that the virus was discovered in 1983-1984, and it has a long incubation period (the time between infection with HIV and having symptoms of the infection). Most important we do know that a person with the virus can transmit it to others even if the person does not have symptoms.

What is HIV-2?

HIV-2 is a virus that is closely related to the HIV-1 that causes AIDS in the United States. HIV-2 has been isolated in Africa, and in Africans in Europe and North America. It is transmitted in the same ways as HIV-1, and it causes the same symptoms and illnesses. It can be differentiated from HIV-1 only in special laboratory test.

WHAT HAPPENS WHEN PEOPLE ARE INFECTED WITH HIV?

How long is the incubation period for AIDS?

The incubation period-the time between infection with HIV and having symptoms of the infection-ranges from a few months (usually in infants) to ten years or more (in adults).

What are the common symptoms of HIV infections?

Many people infected with HIV have no symptoms. As the infection progresses, people may develop persistent symptoms such as swollen lymph glands, severe tiredness, fever, loss of appetite and weight, diarrhea, and night sweats. Although these symptoms may indicate HIV infection, they are also common to many other illnesses. Continuation of the symptoms for more than two weeks in persons who have engaged in high-risk behaviors may indicate an HIV infection. Only a physician can diagnose the condition.

How does HIV break down the immune system?

HIV kills certain cells of the immune system. These are the white blood cells, which protect a person from disease. Some white blood cells are called T-*cells* and B-*cells*.. Some T-cells, called*helper cells*, help the B-cells produce antibodies against invading disease-causing organisms. Other T-cells, called *suppressor cells*, work to stop or suppress the attack against the invading cells once the infection has been controlled. In the person infected with HIV, the suppressor T-cell tend to outnumber the helper-T-cells, because HIV mainly attacks and kills T-helper cells.

How long can a person lead a normal life after developing AIDS?

Different persons who develop AIDS respond differently. Some persons are very ill throughout the course of the condition. Others remain in good physical condition or have alternating periods of health and illness for several years.

Why does a person die from AIDS and how long does it take?

Because their immune system has been weakened, people with HIV who go on to develop AIDS are subject to illnesses that do not usually develop in healthy people. People with AIDS die from these diseases, not usually from HIV infection directly. About 80 percent of people with AIDS have died within three or four years after diagnosis, most commonly from pneumonia. All persons who develop AIDS should be under the care of a physician and have access to drugs that can control the growth of HIV, such as zidovudine (often call azidothymadine or AZT), which was licensed in 1987, and newer, experimental treatments. If treatment is effective, life expectancy of AIDS patients will increase, but they will still have HIV infection, need medicine, and be at high risk for illness and death.

Does anyone ever survive AIDS?

Researchers say that it is too early to provide a sure answer for this question.

Is there an HIV test?

There are blood tests available to determine whether a person has developed antibodies to HIV. The presence of such antibodies means that the individual has been infected with HIV. However, the presence of the antibodies does not mean that the person has or will develop AIDS; some HIV-infected persons have become very ill, while others have not.

Is the HIV antibody test sometimes wrong?

Yes, but this is rare. Even though the test is very accurate, it is not perfect; no test is. The number of errors is minimized by repeating the test and following up with a more specific-test before providing the results. Sometimes the test results can be positive when no antibodies are present (termed a *false positive*). Also, on rare occasions, an infected person can test negative (termed a *false negative*). A false negative is usually due to the fact that a person has not had enough time to develop sufficient antibody in their bloodstream in reaction to HIV. This typically takes twelve weeks after exposure.

HOW DO PEOPLE CONTRACT HIV?

HOW DO PEOPLE CONTRACT HIV?

HIV is transmitted during sexual intercourse; by sharing IV drug needles or syringes; by receiving contaminated blood; and from an infected woman to her fetus or infant during pregnancy, childbirth, or breast-feeding.

How contagious is HIV?

Transmission of HIV is limited because the virus does not survive or reproduce outside the human body (for example, in air or water). It is not contagious in the same way that flu, cold, or tuberculosis germs-transmitted through the air-are. HIV is mainly transmitted sexually and through shared IV drug needles or syringes. In comparison with other sexually transmitted diseases, HIV is much less contagious than germs of hepatitis B, herpes, or gonorrhea.

Can you contract HIV from giving blood?

No. There is no risk of HIV infection from donating (giving) blood. There never has been any risk for blood donors, because all the equipment used is new and sterile. The equipment is used only once and is then destroyed.

Can you contract HIV from anal sexual intercourse?

Yes, if your sexual partner is infected with HIV. Anal intercourse is considered the most risky sexual behavior for transmitting HIV.

Can you contract HIV from vaginal sexual intercourse?

Yes. In some countries other than the United States, heterosexual contact is the major mode of transmission, and about as many women as men get infected with HIV.

Can you contract HIV from oral sex?

Possibly. Because persons who participate in oral sex also engage in other types of intercourse. Findings from studies on this subject are inconclusive. It may be possible for HIV to be spread if one person's infected semen, blood, or vaginal secretions enter another person's mouth.

Can you contract HIV from casual contact?

No. "Casual contact" here means nonsexual contact (and not sharing contaminated needles or syringes).

No one should be afraid of contracting HIV by casual, social, or family contact. People can, for example, work with others, attend school and public events, and eat at restaurants without fear of contracting HIV. Similarly, persons caring for another family member who has HIV infection are not at increased risk for contracting the virus. Children attending school with another student infected with HIV are not at risk of becoming infected.

Can you contract HIV from kissing?

HIV is not transmitted through dry kissing, but there is no scientific consensus on the French-kissing question. Although the virus has been found in saliva in very small amounts, there have been no documented cases of transmission through saliva.

The only body fluids known to infect another person are semen, blood, and vaginal secretions. If both people kissing have open sores or cuts in their mouths, it is theoretically possible for one to infect the other with various germs. However, passing HIV this way has not been reported; it is considered a remote possibility for passing HIV. There are no reported cases of family members becoming infected by kissing, hugging, or sharing eating utensils when caring for persons infected with HIV.

Is HIV inherited?

No. HIV is not passed genetically from generation to generation. However, the virus can be transmitted to children from an infected mother during pregnancy, childbirth, or breast-feeding.

Can a man transmit HIV to a woman?

Yes. There have been AIDS cases in women that have resulted from man-to-woman sexual transmission, particularly among women whose partners abuse IV drugs, including steroids. Any woman who participates in vaginal or anal intercourse or oral sex with an infected male is at risk for acquiring HIV.

Can a woman transmit HIV to a man?

Yes. Male sexual partners of infected women have become infected with HIV. In infected women, the vaginal secretions contain HIV.

Can HIV be passesd by mosquitoes or other insects?

No. Research does not indicate that insects are capable of transmitting HIV or that they have ever done so. Studies in the United States and Africa, in towns where there have been many AIDS patients and mosquitoes, show that the cases occur only in sexually active adults and in needle-using drug abusers. In these studies, children and senior citizens do not contract HIV, despite living in the same households or neighborhoods and being bitten many times by the same insects. Both laboratory and community research findings confirm lack of transmission by insects.

Can a lesbian contract HIV?

Yes. Lesbians are at risk, as are any persons, if they use illegal intravenous drugs and share needles or syringes. Lesbians are also at risk when one partner is HIV-infected and sexual activity is practiced.

Can prostitutes spread HIV?

Yes. A number of prostitutes have shown evidence of HIV infection. Prostitutes often abuse IV drugs and have many sex partners.

How do children contract HIV?

Most HIV-infected children have contracted HIV from an infected mother during pregnancy or childbirth. A few became infected through blood transfusions with blood they received before 1985.

Are married people at risk?

Married, uninfected people who practice sexual fidelity have virtually no risk of acquiring HIV. This holds true unless one partner acquired the virus prior to the marriage or currently abuses IV drugs, shares needles or syringes, and is nonmonogamous. The virus can then be passed sexually to the spouse.

Is it possible to become infected with HIV if you have sexual intercourse just once or twice?

Yes. There is ample scientific evidence that the virus is transmitted through sexual intercourse.

Can you tell if someone has HIV by looking at him or her?

No. You cannot tell from a person's appearance that he or she is infected with HIV. Most people who are infected with HIV are asymptomatic, meaning that they have no signs or symptoms of either HIV infection or AIDS. They look and feel healthy. Most of them do not know they are infected.

If a person is infected with HIV, does that mean he or she cannot ever have sexual intercourse?

It means that sexual intercourse bears with it the risk of transmitting the infection to others. Informed partners who decide mutually to have intercourse should use latex condoms and a spermicide containing an ingredient such as nonoxynol-9 every time they have intercourse, from start to finish.

My mom is a doctor (or a dentist or nurse). Can she become infected with HIV from one of her patients?

Only a few health care workers have contracted HIV on the job, usually as a result of being accidentally stuck with an infected needle. Since HIV cannot be spread by casual contact, health care workers are not in danger, except from "needle sticks" or when handling infected blood. Health care workers should always follow the standard precautions to protect themselves from infection by wearing protective gear such a gloves and by disposing of infectious material carefully.

HOW CAN HIV INFECTION BE PREVENTED?

If there is no cure for HIV infection, what is being done to prevent its spread?

Besides major efforts now aimed at developing treatments and vaccines, educational programs are the primary preventive measures. These programs attempt to give people the information they need to make appropriate decisions about their personal behaviors (involving sexual activity and drugs), to motivate them to practice safe behaviors, and to give them the skills they need to do so (such as knowing when and how to say no, and having the courage to risk loss of friendships, if necessary). Even if we had a medical solution to HIV infection, preventive education would still be considered the best way to control the virus.

What can I do to keep from contracting HIV?

You can reduce your risk of HIV infection by (a) abstaining from sexual intercourse, (b) practicing sexual fidelity with an uninfected partner, (c) using latex condoms and spermicide when engaging in sexual intercourse, and (d) not using intravenous drugs. Those who use IV drugs should never share needles or syringes. People who abuse drugs should go to their doctor or drug-treatment centers for help.

Can using a condom prevent HIV?

Yes. A latex condom, when used properly, can prevent transmission of HIV by presenting a barrier to semen or vaginal fluids containing HIV. No other form of contraception provides this protection.

However, condoms are not always effective. All too often latex condoms are used improperly. Usually this means that they are either put on too late or taken off too early. If latex condoms are used, they must be worn throughout sexual contact, and they must be worn during every sexual contact. For maximum effectiveness, a latex condom should be used with a spermicide containing an ingredient such as nonoxynol-9.

Should I get tested for HIV infection?

People need to decide this for themselves. Counseling and testing are good ideas for anyone who has engaged in risky behavior. Before being tested, a person should get counseling to understand what the test results mean. A positive test means a person is infected with HIV and can pass the virus on to other people through unprotected sexual intercourse or sharing of IV drug needles or syringes-even if the previously infected person feels fine and looks healthy.

A negative test result means that a person is probably not infected with HIV; however, this does not guarantee that the person will never become infected. A person with a negative test result can still acquire HIV if he or she engages in risky behaviors with infected individuals.

Individuals who want to know more about testing for HIV should talk with their doctor or a counselor at a health clinic. It can take from six weeks to three months or more after infection for the antibodies to be detected in the blood. Therefore, if a person is concerned about a situation that may have put him or her at risk of HIV infection, he or she should see a doctor or go to a clinic to discuss HIV prevention and plan a possible schedule for being tested. During that time, the person must abstain from sharing IV drug needles or syringes and having sexual intercourse. If the person decides to engage in any type of sexual intercourse, he or she must use latex condoms and a spermicide with an ingredient such as nonoxynol-9.

HOW CAN HIV INFECTION BE TREATED?

Can HIV infection be cured?

No. Currently there are no drugs available that will destroy HIV or restore the immune system once it is damaged. However, zidovudine (formerly referred to as azidothymadine or AZT) can control the growth of HIV and has prolonged the lives of AIDS patients. Doctors can prescribe zidovudine. Licensed in 1987, zidovudine has severe side effects and is very expensive.

Will there be a cure for HIV infection in the near future?

Even though scientists worldwide are searching for effective treatments, a cure is not expected soon. Although some progress has been made in developing treatments for the "opportunistic diseases" associated with AIDS, many obstacles must be overcome in developing a medicine that can combat HIV and repair the damage HIV can do to the immune system, the brain, or other organs.

What is being done for people who develop HIV infection?

Persons with HIV infection need both medical and social support services to help them cope and live with their condition. Though these types of assistances are increasing, more can and needs to be done. Also, their families need support. Legal efforts are being pursued to protect the rights of people with HIV infection to maintain their jobs, housing, educational opportunities, and medical care.

Is there a vaccine to prevent HIV infection?

No. Although scientists are working to develop vaccines, a solution has not been found.

WHAT SOCIAL ISSUES ARE RAISED BY THE HIV EPIDEMIC?

How should people with HIV infection be treated?

People with HIV infection should have equal access to medical and social services, employment, housing, and educational opportunities. They also need understanding and emotional support from friends and the community.

Should persons with HIV infection or AIDS be banned from public events, schools, and jobs?

No. Since HIV cannot be passed by casual contact, there is no reason that persons with HIV infection or AIDS should be kept from participating in the community.

Should a student with HIV infection or AIDS be allowed in school?

A student who is infected with HIV or has AIDS poses virtually no risk to other students. However, every case should be considered individually, and there may be times when people with AIDS cannot attend school because of their weakened condition or because of illnesses they have.

Should teachers and school cafeteria workers be required to take a test for HIV infection?

No. Since HIV is not spread by casual, nonsexual, everyday contact, neither teachers nor cafeteria workers with HIV infection or AIDS pose any risk for students.

ANSWERS TO QUESTIONS STUDENTS ASK ABOUT AIDS AND HIV

EARLY ELEMENTARY

When answering young children's questions regarding AIDS or HIV infection, it is helpful to associate this new information with concepts or experiences they are already familiar with. Rosmarie Hausherr, in her book, Children and the AIDS Virus, describes how our body's immune system fights the common cold virus. Then she discusses the virus that causes AIDS, the human immunodeficiency virus (or HIV), and in simple terms, explains how it is spread. She also introduces two children who have AIDS, five-year-old Jonathon and ten-year-old Celeste. Both children attend public schools and enjoy normal activities with healthy children. The reassuring text and appealing photographs will make HIV education enjoyable for both teachers and students alike. This is the best resource we have found for young audiences, grades K-5. Refer to the Resource Sections for ordering information. It is inexpensive and well worth the $15.00 price!

WHAT IS THE HIV EPIDEMIC?

1. How many people have AIDS?

Infection with the human immunodeficiency virus has caused a "global epidemic," known as a pandemic. Since AIDS only refers to individuals experiencing signs and symptoms of illness, it is also important to know how may people may be HIV-infected. The World Health Organization (WHO) estimates that approximately 8 to 10 million people are infected worldwide. One out of ten of these people live in the United States. As of August 1991, 186,895 people in the United States had been diagnosed with AIDS, with approximately 1 million to 1 1/2 million people infected. As of this same date, Arizona has 4,835 persons who have tested positive for HIV and 1,488 have been diagnosed with AIDS.

2. Are any of these people children?

Yes. So far 84 young people nineteen years of age or younger have tested positive for the HIV virus. Thirty children are under the age of thirteen. Nationally, 3,199 children under the age of 13 have AIDS and approximately 10,000 children are believed to be infected.

3. Wasn't AIDS caused by homosexuals?

No. HIV disease has affected many homosexual men in the United States, but this is the result of the epidemic, not the cause. In some countries, HIV infection affects equal proportions of men and women. In the United States, sexual intercourse with an infected partner is the most common route of transmission, with anal intercourse the most dangerous type, regardless of whether the receptive partner is male or female.

4. **Have any women in the United States become infected?**

Yes. Women constitute the fastest growing group of persons with AIDS. As of September 30, 1990 there were 14,452 reported cases of adolescent and adult women with AIDS, representing a 49% increase from the previous year. in New York City, AIDS is the leading cause of death of women between the ages of 25-34. Because of the long latency period between HIV infection and the onset of symptoms, most were likely infected with HIV as adolescents.

5. **Where did AIDS come from?**

No one knows for sure, but there are many interesting theories. Most researchers agree that it has probably been around for a long time and simply mutated into what we know it as today.

6. **I heard AIDS started in Africa with monkeys.**

In early days of the epidemic, there was a theory that perhaps humans became infected after being bitten by or possibly having eaten a breed of monkey known as the Green Monkey, which carries a virus similar to HIV. They were never able to prove this conclusively.

We do know that Africa has been devastated by the spread of AIDS. The primary reasons for this are: extreme poverty and little or no access to health care; lack of medical supplies or equipment which necessitates the reuse of needles without the benefit of sterilization in clinics and hospital settings; women prostituting themselves or food and shelter; and no test of the countries' blood supply.

7. **Who is most likely to get AIDS?**

The important point to keep in mind is that HIV is primarily spread through unprotected sexual intercourse and the sharing of unsterilized needles used to "shoot" IV drugs. Avoiding these behaviors can prevent the spread of HIV disease. Unfortunately, HIV has also been transmitted to infants born to infected mothers and to individuals who received blood transfusions or blood-clotting concentrates prior to 1985. Since 1985, we have been able to test the blood used for transfusions and dispose of infected units. This procedure has greatly increased the safety of our blood supply. As an added safeguard, people who are scheduled to have elective surgery can donate their own blood prior to the procedure.

Deciding What To Say To Younger Children (Late Elementary And Middle School Aged)

Since most children in this age group are not sexually active or trying drugs, you may decide that the young people you speak with do not need to know the details of how HIV is transmitted through sexual intercourse and IV drug use. However, if you think they may be considering or may be doing things that put them at risk of infection, you will need to be sure they know the risks regardless of their age.

Children this age probably have heard about AIDS and may be scared by it. Much of what they have heard may have been incorrect. To reassure them, make sure they know that they cannot become infected through everyday contact, such as going to school with someone who is infected with HIV.

Children also may have heard myths and prejudicial comments about HIV infection and AIDS. Correct any notions that people can be infected by touching a doorknob or being bitten by a mosquito. Urge children to treat people who are infected with HIV or who have AIDS with compassion and understanding, not cruelty and anger. Correcting myths and prejudices early will help children protect themselves and others from HIV infection and AIDS in the future.

Consider including the following points in a conversation about HIV infection and AIDS with children in the late elementary and middle school aged levels:

- AIDS is a disease caused by a tiny germ called a virus.
- Many different types of people have AIDS today--male and female, rich and poor, white, Black, Hispanic, Asian and Native American.
- As of spring 1989, more than 18,000 people aged 20-29 have been diagnosed with AIDS. Because a person can be infected with HIV for as long as 10 or more years before the signs of AIDS appear, a significant number of these young people would have been infected when they were teenagers.
- AIDS is not easy to get.
- There are many myths about AIDS. (Correct some of them if you can.)
- You can become infected with HIV either by having sexual intercourse with an infected person or by sharing drug needles or syringes with an

infected person. Also, women infected with HIV can pass the virus to their babies during pregnancy or during birth.

- A person who is infected can infect others in the ways described above, even if no symptoms are present. You cannot tell by looking at someone whether he or she is infected with HIV. An infected person can appear completely healthy.
- People who have AIDS should be treated with compassion.

TEACHING TIPS

HOW TO ANSWER STUDENTS' DIFFICULT QUESTIONS ABOUT AIDS

Often the most difficult and frightening part of AIDS education for teachers is not in presenting information but in answering questions about AIDS.

The following section has been developed to prepare teachers to feel confident and comfortable in answering children's questions, particularly those questions that relate to morals and values.

STEPS: HOW TO ANSWER DIFFICULT QUESTIONS

1. Listen carefully

   Often when students ask questions about sex, illness, death, or emotional issues, they tend to ask long, convoluted questions. Adults may "tune out" or become embarrassed themselves. During this process, both child and adult can be drawn away from the main issue. Developing good listening skills will help the adult answer the child's question.

2. Take a deep breath

   Taking a deep breath serves two functions:

   A) It gives you time to think.
   B) It brings extra oxygen to the muscles, allowing you the chance to relax before answering a difficult question.

3. Question yourself

   Ask yourself what question the student is really asking.

4. Restate the question

   If you are unsure about the question, ask the student to restate it. This technique allows the student to clarify the issue in his or her own mind and restate the question in his or her own words.

5. Answer the restated question

   Once you understand the question, answer it. Briefly, honestly and directly. DO NOT add related information.

6. Check the student's comprehension

   Ask the student to explain to you what they learned or understand from your discussion.

7. Correct errors or omissions

8. Praise the student

Students may ask questions that are important or silly. Regardless of the nature of the question, always praise the student for asking the question!

This process may seem awkward at first, but with practice these steps make answering students' questions easier for adults. More important, it allows teachers to present information in a manner that is helpful to the student.

Remember also that teachers should never feel that they must answer every question. It is important to acknowledge the importance of the question and praise the child for asking the specific question. However, teachers should not feel that they must be experts on everything or feel compelled to take a moral stand on all issues. Referring students to other resources on specific issues is not only acceptable but also an important teaching technique. By identifying a variety of other resources the teacher helps the students understand that they are not alone, that there are a variety of "helpers" available. Key resource people to mention are parents, clergy, school personnel such as nurses, counselors, social workers, administrators, and community "helpers" or agencies.

GLOSSARY OF TERMS

Teacher Guide

abstinence	Refraining from sexual intercourse and intravenous drug use.
Acquired Immune Deficiency Syndrome	A disease caused by the HIV virus which breaks down the body's immune system, making it vulnerable to opportunistic diseases.
Adolescence	The period between childhood and adulthood.
AIDS	The initials for the disease "Acquired Immune Deficiency Syndrome."
AIDS Related Complex	A condition caused by the HIV in which an individual tests positive for HIV and has a specific set of clinical symptoms that are often less severe than those of AIDS.
antibodies	Substances in the blood produced by the body's immune system to fight against invading organisms.
antigen	A substance that stimulates the production of antibodies.
ARC	The initials for "AIDS Related Complex."
Asymptomatic	No apparent symptoms of illness even though the individual tests positive for HIV.
bisexual	A person who has sexual preference for both males and females.
blood transfer	The act of transmitting blood from one individual to another. In pregnancy, it would occur between the mother and unborn baby through maternal/fetal circulation.
carrier	A person who harbors a specific infectious agent, in the absence of clinical disease, and serves as a potential source of infection.
casual contact	The usual daily interaction between people at work, in school, or in social situations.
communicable disease	A disease which may be transmitted directly or indirectly from one person to another. Such diseases may be caused by bacteria viruses, or other organisms or their toxic products.

condom	Also referred to as a "rubber." A sheath used to cover the penis and prevent the exchange of body fluids during sexual activity.
contaminated needle/works	A needle or works that has been used, with infected blood or blood particles left on the needle/works to be passed on to the next user.
droplet spray	Organisms that are projected in droplets of water when an infected person coughs or sneezes and are received in the eyes, nose, or mouth of a nearby person.
ELISA	The initials for "Enzyme-linked Immunosorbent Assay."
Enzyme-linked Immunosorbent Assay	A test used in screening blood to determine the presence of HIV antibodies.
epidemic	An increased occurrence of a disease in excess of what is expected.
epidemiology	Branch of medical science which investigates the cause of epidemics and determines methods to control them.
fetus	Unborn baby developing in the uterus after the end of the second month of pregnancy. Before eight weeks it is called an embryo.
genitals	The external reproductive organs.
hemophilia	A hereditary clotting disorder characterized by excessive, sometimes spontaneous, bleeding.
heterosexual	A person who has sexual preference for a person of the opposite sex.
HIV	Initials for "Human Immunodeficiency Virus."
HIV antibody test	A test used to detect antibodies against HIV in blood samples. This test does not detect AIDS but rather the virus that can cause AIDS.
homosexual	A person who has sexual preference for a person of the same sex.
host	Any person in whom an infectious agent can live and multiply.
Human Immunodeficiency Virus	The virus that causes AIDS by attacking the body's immune system, making infected people vulnerable to fatal infections, cancer, and neurological disorders.

Illegal drugs	Drugs that are not obtained through legal means or for legitimate medical purposes.
immune system	A body system that helps fight off invading organisms and disease.
immunization	A method of producing resistance to an infectious disease, usually by vaccination or inoculation.
incubation period	The time interval between invasion by an infectious agent and appearance of the first sign or symptom of the disease in question.
infected partner	Individual in a sexual relationship who is carrying HIV in his or her body.
infectious agent	An organism (virus, bacterium, etc.) that is capable of producing infection or infectious disease.
infectious disease	Disease caused by a pathogen and passed from one person to another.
intravenous drugs	Drugs that are administered through a needle and syringe and injected directly into a vein and thus into the bloodstream.
Kaposi's sarcoma	A cancer or tumor of the blood and/or lymphatic vessel walls. It usually appears as blue-violet to brownish skin blotches or bumps.
KS	Initials for "Kaposi's sarcoma."
lymphocyte	A type of white blood cell that is produced in the bone marrow. Some of these cells migrate to the thymus, where they develop as T-cells. Other lymphocytes that mature in the bone marrow or in organs other than the thymus are called B-cells. The B-cells manufacture antibodies, and the T-cells regulate antibody production. In healthy people about 60 percent of circulating lymphocytes are helper T-cells. With HIV, only about two percent of the lymphocytes are helper T-cells. With fewer helper T-cells, the body is unable to recognize and attack invading organisms.
noncommunicable disease	A disease that is NOT transmitted from person to person.
opportunistic infection	An infection caused by a microorganism that rarely causes disease in persons with a normal immune system.

GLOSSARY OF TERMS – Teacher Guide (Continued)

organism	Any living thing, such as a virus, a bacterium, etc.
pathogen	An organism that causes disease.
PCP	The initials for "Pneumocystis carinii pneumonia."
pneumocystis carinii pneumonia	The most common life-threatening opportunistic infection diagnosed in AIDS patients. It is caused by a parasite, Pneumocystis carinii.
pregnancy	The condition of having a developing embryo or fetus in the body.
PWA	Abbreviation used for People With AIDS.
risk behavior	An activity that makes a person more susceptible or more likely to be exposed to HIV.
screened blood	Blood that has been tested for HIV antibody.
semen	The fluid that is expelled from the penis during sexual activity.
spectrum	A range of factors associated with HIV infection or a range of outcomes.
susceptible host	A person not possessing sufficient resistance against a particular organism to prevent contracting the infection when exposed to the organism.
T-cells	A class of lymphocytes that play a major role in carrying out the activities of immune system. Some T-cells are called "helper T-cells."
transfusion	The process used to replace blood or blood products.
transmission	The passing of infectious agents from one person to another.
virus	A microscopic organism that can cause infections.
Western Blot	A test used to identify the presence of HIV.

GLOSSARY OF TERMS

The following terms are described in language that would be understandable for children in grades K through 3.

AIDS	A disease that is hard to catch, usually found in adults.
communicable	Contagious; can be spread from one person to another.
contagious	Can be spread easily.
disease	A sickness or illness.
germ	A tiny living thing seen only with a microscope that may cause disease.
HIV	The germ that causes AIDS.
microscope	A tool used for seeing things that cannot be seen with the eyes alone.
noncommunicable	Not contagious; cannot be spread from one person to another.
prevent	To stop or keep from happening.
risk	Something that involves the chance of danger or harm.
unique	Something that is special or different from others; one of a kind.

GLOSSARY OF TERMS

The following terms are in language that would be understandable for children in grades 4 through 6.

acquired	Received or have.
AIDS	Acquired Immune Deficiency Syndrome--a disease that destroys the immune system in a person.
antibody	A part of the blood that helps kill germs.
casual contact	Normal everyday interaction with other persons, including hugging, kissing, or sharing eating utensils or towels.
deficiency	A lack of something.
donate	To give something without asking for anything in return.
epidemic	Wide and rapid spread of a disease.
hemophilia	A disease in which the blood does not clot as it should.
HIV	Human Immunodeficiency Virus which causes AIDS.
immune	Protected against a disease.
immune system	The body's system to fight off infection through infection-fighting cells.
sarcoma	A rare form of cancer.
pneumonia	A disease of the lungs.
risky	Dangerous.
syndrome	A sign of a disease.
T-cell	A white blood cell that helps to detect and get rid of disease.
transmit	To send from one person to another.
virus	A tiny germ that can grow and multiply only in living cells.

UNIVERSAL PRECAUTIONS

for the Prevention of Transmission of Human Immunodeficiency Virus

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CENTERS FOR DISEASE CONTROL

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MORBIDITY AND MORTALITY WEEKLY REPORT

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Perspectives in Disease Prevention and Health Promotion

Update: Universal Precautions for Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and Other Bloodborne Pathogens in Health-Care Settings

Introduction

The purpose of this report is to clarify and supplement the CDC publication entitled "Recommendations for Prevention of HIV Transmission in Health-Care Settings" (*1*).*

In 1983, CDC published a document entitled "Guideline for Isolation Precautions in Hospitals" (*2*) that contained a section entitled "Blood and Body Fluid Precautions." The recommendations in this section called for blood and body fluid precautions when a patient was known or suspected to be infected with bloodborne pathogens. In August 1987, CDC published a document entitled "Recommendations for Prevention of HIV Transmission in Health-Care Settings" (*1*). In contrast to the 1983 document, the 1987 document recommended that blood and body fluid precautions be consistently used for all patients regardless of their bloodborne infection status. This extension of blood and body fluid precautions to **all** patients is referred to as "Universal Blood and Body Fluid Precautions" or "Universal Precautions." Under universal precautions, blood and certain body fluids of all patients are considered potentially infectious for human immunodeficiency virus (HIV), hepatitis B virus (HBV), and other bloodborne pathogens.

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*The August 1987 publication should be consulted for general information and specific recommendations not addressed in this update.

Copies of this report and of the *MMWR* supplement entitled *Recommendations for Prevention of HIV Transmission in Health-Care Settings* published in August 1987 are available through the National AIDS Information Clearinghouse, P.O. Box 6003, Rockville, MD 20850.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES / PUBLIC HEALTH SERVICE

Universal precautions are intended to prevent parenteral, mucous membrane, and nonintact skin exposures of health-care workers to bloodborne pathogens. In addition, immunization with HBV vaccine is recommended as an important adjunct to universal precautions for health-care workers who have exposures to blood (*3,4*).

Since the recommendations for universal precautions were published in August 1987, CDC and the Food and Drug Administration (FDA) have received requests for clarification of the following issues: 1) body fluids to which universal precautions apply, 2) use of protective barriers, 3) use of gloves for phlebotomy, 4) selection of gloves for use while observing universal precautions, and 5) need for making changes in waste management programs as a result of adopting universal precautions.

Body Fluids to Which Universal Precautions Apply

Universal precautions apply to blood and to other body fluids containing visible blood. Occupational transmission of HIV and HBV to health-care workers by blood is documented (*4,5*). **Blood is the single most important source of HIV, HBV, and other bloodborne pathogens in the occupational setting. Infection control efforts for HIV, HBV, and other bloodborne pathogens must focus on preventing exposures to blood as well as on delivery of HBV immunization.**

Universal precautions also apply to semen and vaginal secretions. Although both of these fluids have been implicated in the sexual transmission of HIV and HBV, they have not been implicated in occupational transmission from patient to health-care worker. This observation is not unexpected, since exposure to semen in the usual health-care setting is limited, and the routine practice of wearing gloves for performing vaginal examinations protects health-care workers from exposure to potentially infectious vaginal secretions.

Universal precautions also apply to tissues and to the following fluids: cerebrospinal fluid (CSF), synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid. The risk of transmission of HIV and HBV from these fluids is unknown; epidemiologic studies in the health-care and community setting are currently inadequate to assess the potential risk to health-care workers from occupational exposures to them. However, HIV has been isolated from CSF, synovial, and amniotic fluid (*6–8*), and HBsAg has been detected in synovial fluid, amniotic fluid, and peritoneal fluid (*9–11*). One case of HIV transmission was reported after a percutaneous exposure to bloody pleural fluid obtained by needle aspiration (*12*). Whereas aseptic procedures used to obtain these fluids for diagnostic or therapeutic purposes protect health-care workers from skin exposures, they cannot prevent penetrating injuries due to contaminated needles or other sharp instruments.

Body Fluids to Which Universal Precautions Do Not Apply

Universal precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine, and vomitus unless they contain visible blood. The risk of transmission of HIV and HBV from these fluids and materials is extremely low or nonexistent. HIV has been isolated and HBsAg has been demonstrated in some of these fluids; however, epidemiologic studies in the health-care and community setting have not implicated these fluids or materials in the transmission of HIV and HBV infections (*13,14*). Some of the above fluids and excretions represent a potential source for nosocomial and community-acquired infections with other pathogens, and recommendations for preventing the transmission of nonbloodborne pathogens have been published (*2*).

Update: HIV — Continued

Precautions for Other Body Fluids in Special Settings

Human breast milk has been implicated in perinatal transmission of HIV, and HBsAg has been found in the milk of mothers infected with HBV (*10,13*). However, occupational exposure to human breast milk has not been implicated in the transmission of HIV nor HBV infection to health-care workers. Moreover, the health-care worker will not have the same type of intensive exposure to breast milk as the nursing neonate. Whereas universal precautions do not apply to human breast milk, gloves may be worn by health-care workers in situations where exposures to breast milk might be frequent, for example, in breast milk banking.

Saliva of some persons infected with HBV has been shown to contain HBV-DNA at concentrations 1/1,000 to 1/10,000 of that found in the infected person's serum (*15*). HBsAg-positive saliva has been shown to be infectious when injected into experimental animals and in human bite exposures (*16–18*). However, HBsAg-positive saliva has not been shown to be infectious when applied to oral mucous membranes in experimental primate studies (*18*) or through contamination of musical instruments or cardiopulmonary resuscitation dummies used by HBV carriers (*19,20*). Epidemiologic studies of nonsexual household contacts of HIV-infected patients, including several small series in which HIV transmission failed to occur after bites or after percutaneous inoculation or contamination of cuts and open wounds with saliva from HIV-infected patients, suggest that the potential for salivary transmission of HIV is remote (*5,13,14,21,22*). One case report from Germany has suggested the possibility of transmission of HIV in a household setting from an infected child to a sibling through a human bite (*23*). The bite did not break the skin or result in bleeding. Since the date of seroconversion to HIV was not known for either child in this case, evidence for the role of saliva in the transmission of virus is unclear (*23*). Another case report suggested the possibility of transmission of HIV from husband to wife by contact with saliva during kissing (*24*). However, follow-up studies did not confirm HIV infection in the wife (*21*).

Universal precautions do not apply to saliva. General infection control practices already in existence — including the use of gloves for digital examination of mucous membranes and endotracheal suctioning, and handwashing after exposure to saliva — should further minimize the minute risk, if any, for salivary transmission of HIV and HBV (*1,25*). Gloves need not be worn when feeding patients and when wiping saliva from skin.

Special precautions, however, are recommended for dentistry (*1*). Occupationally acquired infection with HBV in dental workers has been documented (*4*), and two possible cases of occupationally acquired HIV infection involving dentists have been reported (*5,26*). During dental procedures, contamination of saliva with blood is predictable, trauma to health-care workers' hands is common, and blood spattering may occur. Infection control precautions for dentistry minimize the potential for nonintact skin and mucous membrane contact of dental health-care workers to blood-contaminated saliva of patients. In addition, the use of gloves for oral examinations and treatment in the dental setting may also protect the patient's oral mucous membranes from exposures to blood, which may occur from breaks in the skin of dental workers' hands.

Use of Protective Barriers

Protective barriers reduce the risk of exposure of the health-care worker's skin or mucous membranes to potentially infective materials. For universal precautions,

Update: HIV — Continued

protective barriers reduce the risk of exposure to blood, body fluids containing visible blood, and other fluids to which universal precautions apply. Examples of protective barriers include gloves, gowns, masks, and protective eyewear. Gloves should reduce the incidence of contamination of hands, but they cannot prevent penetrating injuries due to needles or other sharp instruments. Masks and protective eyewear or face shields should reduce the incidence of contamination of mucous membranes of the mouth, nose, and eyes.

Universal precautions are intended to supplement rather than replace recommendations for routine infection control, such as handwashing and using gloves to prevent gross microbial contamination of hands (*27*). Because specifying the types of barriers needed for every possible clinical situation is impractical, some judgment must be exercised.

The risk of nosocomial transmission of HIV, HBV, and other bloodborne pathogens can be minimized if health-care workers use the following general guidelines:[†]

1. Take care to prevent injuries when using needles, scalpels, and other sharp instruments or devices; when handling sharp instruments after procedures; when cleaning used instruments; and when disposing of used needles. Do not recap used needles by hand; do not remove used needles from disposable syringes by hand; and do not bend, break, or otherwise manipulate used needles by hand. Place used disposable syringes and needles, scalpel blades, and other sharp items in puncture-resistant containers for disposal. Locate the puncture-resistant containers as close to the use area as is practical.
2. Use protective barriers to prevent exposure to blood, body fluids containing visible blood, and other fluids to which universal precautions apply. The type of protective barrier(s) should be appropriate for the procedure being performed and the type of exposure anticipated.
3. Immediately and thoroughly wash hands and other skin surfaces that are contaminated with blood, body fluids containing visible blood, or other body fluids to which universal precautions apply.

Glove Use for Phlebotomy

Gloves should reduce the incidence of blood contamination of hands during phlebotomy (drawing blood samples), but they cannot prevent penetrating injuries caused by needles or other sharp instruments. The likelihood of hand contamination with blood containing HIV, HBV, or other bloodborne pathogens during phlebotomy depends on several factors: 1) the skill and technique of the health-care worker, 2) the frequency with which the health-care worker performs the procedure (other factors being equal, the cumulative risk of blood exposure is higher for a health-care worker who performs more procedures), 3) whether the procedure occurs in a routine or emergency situation (where blood contact may be more likely), and 4) the prevalence of infection with bloodborne pathogens in the patient population. The likelihood of infection after skin exposure to blood containing HIV or HBV will depend on the concentration of virus (viral concentration is much higher for hepatitis B than for HIV), the duration of contact, the presence of skin lesions on the hands of the health-care worker, and — for HBV — the immune status of the health-care worker. Although not accurately quantified, the risk of HIV infection following intact skin contact with infective blood is certainly much less than the 0.5% risk following percutaneous needlestick exposures (*5*). In universal precautions, *all* blood is assumed to be potentially infective for bloodborne pathogens, but in certain settings (e.g., volunteer blood-donation centers) the prevalence of infection with some bloodborne pathogens (e.g., HIV, HBV) is known to be very low. Some institutions have relaxed recommendations for using gloves for phlebotomy procedures by skilled phlebotomists in settings where the prevalence of bloodborne pathogens is known to be very low.

[†] The August 1987 publication should be consulted for general information and specific recommendations not addressed in this update.

Institutions that judge that routine gloving for *all* phlebotomies is not necessary should periodically reevaluate their policy. Gloves should always be available to health-care workers who wish to use them for phlebotomy. In addition, the following general guidelines apply:

1. Use gloves for performing phlebotomy when the health-care worker has cuts, scratches, or other breaks in his/her skin.
2. Use gloves in situations where the health-care worker judges that hand contamination with blood may occur, for example, when performing phlebotomy on an uncooperative patient.
3. Use gloves for performing finger and/or heel sticks on infants and children.
4. Use gloves when persons are receiving training in phlebotomy.

Selection of Gloves

The Center for Devices and Radiological Health, FDA, has responsibility for regulating the medical glove industry. Medical gloves include those marketed as sterile surgical or nonsterile examination gloves made of vinyl or latex. General purpose utility ("rubber") gloves are also used in the health-care setting, but they are not regulated by FDA since they are not promoted for medical use. There are no reported differences in barrier effectiveness between intact latex and intact vinyl used to manufacture gloves. Thus, the type of gloves selected should be appropriate for the task being performed.

The following general guidelines are recommended:

1. Use sterile gloves for procedures involving contact with normally sterile areas of the body.
2. Use examination gloves for procedures involving contact with mucous membranes, unless otherwise indicated, and for other patient care or diagnostic procedures that do not require the use of sterile gloves.
3. Change gloves between patient contacts.
4. Do not wash or disinfect surgical or examination gloves for reuse. Washing with surfactants may cause "wicking," i.e., the enhanced penetration of liquids through undetected holes in the glove. Disinfecting agents may cause deterioration.
5. Use general-purpose utility gloves (e.g., rubber household gloves) for housekeeping chores involving potential blood contact and for instrument cleaning and decontamination procedures. Utility gloves may be decontaminated and reused but should be discarded if they are peeling, cracked, or discolored, or if they have punctures, tears, or other evidence of deterioration.

Waste Management

Universal precautions are not intended to change waste management programs previously recommended by CDC for health-care settings (*1*). Policies for defining, collecting, storing, decontaminating, and disposing of infective waste are generally determined by institutions in accordance with state and local regulations. Information

Update: HIV — Continued

regarding waste management regulations in health-care settings may be obtained from state or local health departments or agencies responsible for waste management.

Reported by: Center for Devices and Radiological Health, Food and Drug Administration. Hospital Infections Program, AIDS Program, and Hepatitis Br, Div of Viral Diseases, Center for Infectious Diseases, National Institute for Occupational Safety and Health, CDC.

Editorial Note: Implementation of universal precautions does not eliminate the need for other category- or disease-specific isolation precautions, such as enteric precautions for infectious diarrhea or isolation for pulmonary tuberculosis (*1,2*). In addition to universal precautions, detailed precautions have been developed for the following procedures and/or settings in which prolonged or intensive exposures to blood occur: invasive procedures, dentistry, autopsies or morticians' services, dialysis, and the clinical laboratory. These detailed precautions are found in the August 21, 1987, "Recommendations for Prevention of HIV Transmission in Health-Care Settings" (*1*). In addition, specific precautions have been developed for research laboratories (*28*).

SECTION VII

THE RESULTS:

How To
Evaluate
The Program
And
Your Students

Summary of Results
ARIZONA HIV/AIDS PREVENTION PROGRAM
Spring 1992

As a result of CHAMPS HIV/AIDS Prevention Program:

- Almost three times the number of children knew key facts about AIDS following the program as did before.
- The number of children frightened by AIDS was reduced by one half.
- The number of children who felt they had someone they could go to if they had questions about AIDS was increased more than five times.
- The number of children who think AIDS is transmitted by casual contact was reduced from over 1/2 to less than 1/3.
- The number of students who know that people with AIDS are able to play, hug, and go to school safely with others doubled following the program.

A complete copy of pre/post test evaluation results of participating students is available upon request.

An evaluation instrument was given to the staff members who participated in the Training of Trainers. The overall training was rated a 9.9 out of 10. Some of the comments made by the staff were: "Desperately needed and thanks for being courageous enough to address the problem", "Excellent", "Good training", "Putting this in the hands of the students is most important!"

Also available upon request is a copy of all teacher comments plus a breakdown of their ratings on specific components of the training.

ELEMENTARY HIV/AIDS PROGRAM RECEIVES RAVE REVIEWS

CHAMPS Peer Leadership and Puppet Productions have teamed to create an exciting new program to help prevent HIV and AIDS. Children are less frightened, feel they have someone to talk to, and know key facts about AIDS as a result of their involvement with the program, according to Brenda Henderson, Director of the Comprehensive Health Unit, Arizona Department of Education. Their department received grant monies from The Centers For Disease Control that was specifically earmarked for an innovative program of HIV instruction using peer leadership techniques.

The result of legislation that mandates elementary HIV/AIDS education, CHAMPS HIV/AIDS Prevention Program utilizes a peer leadership approach and the "HIV Puppets", Harvey, Iva, and Victor as its' key training techniques. "As school districts and state legislatures have recognized their obligation to take action to prevent HIV/AIDS, a need has arisen for a method that is non-threatening to family values and teachers' time, is appropriate for children's ages, and gets the point across.", says Alison Vallenari of CHAMPS. "The response of teachers and parents has been incredibly positive, and the kids have just gone crazy over the puppets. The best part, of course, is that it has worked," she continues. Indeed it has. According to the Arizona State Department of Education, the number of children who think that AIDS is transmitted by casual contact was reduced from over one half of all students prior to the program, to less than one third following the program. In addition, almost three times the students knew key facts about AIDS following the program as did before. The number of children who were frightened by AIDS was reduced by one half, perhaps related to the fact that 5 1/2 times more children felt they had someone they could go to if they had questions about AIDS. We want children to have enough information about this disease to keep them safe without feeling frightened or losing their compassion for those who have been infected," says Pat Epps, President of CHAMPS Peer Leadership. "Putting this in the hands of students is most important", states a teacher who piloted the program. "Thank you for being courageous enough to address the problem," she goes on, "This is desperately needed."

Parental response has been positive as well. "As a parent, I think this is vital and necessary for everyone's well-being," Barbara Guillaume, a parent at Squaw Peak Elementary School in Phoenix states. "Some parents may say 'This is unnecessary in school', but I feel that if we don't do this, we may not have kids to teach. I'm just excited that there's a way to get education out there and accepted." Vallenari added, "Parent meetings were extremely well attended and positive. Parents asked questions concerning themselves as well as their children. I think we're meeting a major educational need of our whole society."

The most exciting part of the program has been the children's response. A peer leadership program uses older students to gain the interest and excitement of younger students. This, naturally, is reinforcing for the older students. They use their influence over younger children to deliver important messages while learning the information thoroughly themselves. "Working with the puppets came very easily to the CHAMPS students", according to one participating teacher. Guillaume added, "The CHAMPS Puppeteers were excited. They had a real buy-in. The fifth graders stayed really involved, helped each other and had a real interest in the whole program."

We are reminded of the importance of this effort by a statement from another parent. "My son died of AIDS", says Ruth Grove, HIV Education Specialist who worked closely with CHAMPS HIV Prevention Program, "If he had had this kind of education in his elementary school years he might still be alive today."

CHAMPS Peer Leadership and Puppet Productions plan to work together to make this innovative program available and affordable for all schools, churches, and youth service agencies.

NOTE: Utilize this material as a press release, or add your own information to inform the public about your local efforts.

CHAMPS HIV/AIDS PREVENTION
Primary Grades 1-3
Student Survey

Please choose the answer that applies to you and circle the answer for that question.

I. I am in (A) 1st grade (B) 2nd grade (C) 3rd grade

II. I am a (A) girl (B) boy

Please circle the correct answer.

(A) YES (True) (B) NO (Not True)

1. You can get AIDS from sneezing, coughing, or sharing food.
   (A) YES (B) NO

2. People with AIDS are able to play, hug and go to school safely with others.
   (A) YES (B) NO

3. Should people touch other people's blood?
   (A) YES (B) NO

4. I am frightened about AIDS.
   (A) YES (B) NO

5. I know the facts about AIDS .
   (A) YES (B) NO

6. I know people I can go to if I have questions about AIDS.
   (A) YES (B) NO

CHAMPS HIV/AIDS PREVENTION
Intermediate 4-6 Grades
Student Survey

Please choose the answer that applies to you and circle the answer for that question.

I. I am in (A) 4th grade (B) 5th grade (C) 6th grade

II. I am a (A) girl (B) boy

Please circle the correct answer.

(A) YES (True) (B) NO (Not True)

1. People with HIV/AIDS should be treated kindly.
   (A) YES (B) NO
2. HIV can be transmitted by blood.
   (A) YES (B) NO
3. HIV is contacted by casual contact like coughing or sneezing.
   (A) YES (B) NO
4. I spend a lot of time talking with my parents.
   (A) YES (B) NO
5. HIV destroys the immune system.
   (A) YES (B) NO
6. Good decision making about your behavior can reduce or eliminate the risk of being infected.
   (A) YES (B) NO
7. Syringes, needles, knives and razors can be used to transmit infected blood.
   (A) YES (B) NO
8. I am afraid to be around people with AIDS.
   (A) YES (B) NO
9. You should not touch another person's blood.
   (A) YES (B) NO
10. I can hug someone with AIDS safely without danger to myself.
    (A) YES (B) NO

Outcome Evaluation
For CHAMPS HIV/AIDS Education
Prevention

School Name ____________________ Contact Person ______________

Address ____

Phone ___________________________

A. Pre test: (date administered): _____________

B. Student Lessons: (Check each grade level lesson completed)

K	___________	4th	___________
1st	___________	5th	___________
2nd	___________	6th	___________

C. Post test: (date administered): _________________

D. Total number of students in-service: __________________

Please send completed form to:

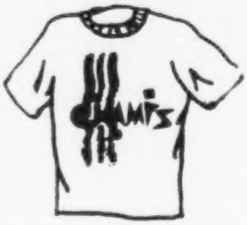
CHAMPS Peer Leadership
14425 N. Scottsdale Rd., Suite 400
Scottsdale, Arizona 85254-3449
Phone: (602) 991-9110

WE WANT TO HEAR FROM YOU

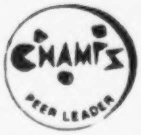
We are anxious to hear from you about your puppeteering and HIV/AIDS prevention efforts. Please share with us any of the following:

- Feedback from
  - Students
  - Parents
  - Staff
- Pre Test/Post Test Summaries
- Photographs of your students in action with Harvey, Iva, and Victor
- Newspaper articles
- Ideas of your own for using the puppets or reinforcing the prevention messages.
- Success stories, i.e.) A special student who is turned around by taking responsibility as a positive role model.

CHAMPS MATERIALS
Ordering Information



T-Shirt
(white or black)



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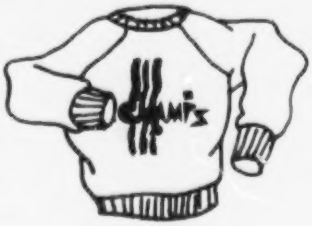
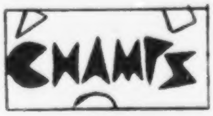
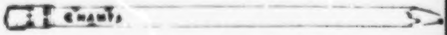


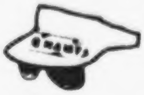
Sweat shirts
(white or black)



Bumper Stickers



Pencils



Visor with flip-down sunglasses

Pricing Information

T-Shirts	
White Champs T-Shirt	7.50
Black Champs T-Shirt	8.50
Sweat Shirts	
White CHAMPS Sweat shirt	15.00
Black CHAMPS Sweat shirt	16.50
Visor (circle one) pink or turquoise logo	4.00
Buttons	.50
Bumper Stickers	.50
Pencils	.20
Additional copies of the HIV/AIDS Prevention Training Manuals	49.95

T-shirt size information:
Adult sizes S, M, L, XL
XXL $1.00 extra

Date ____________________ P.O. # ____________________

Name of School/Organization ____________________

Contact Person ____________________

Address ____________________

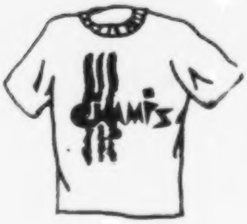
City ____________________ State ____________ Zip ____________

ITEM	SIZE	HOW MANY	PRICE EACH	TOTAL
			Merchandise Total	
			Az. Residents Add 6.7% Tax	
			Allow For Shipping and Handling	
			Order Total	

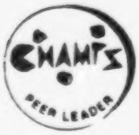
Mail to:
CHAMPS Peer Leadership Inc.
14425 N. Scottsdale Rd. • Suite 400
Scottsdale, AZ 85254-3449 • (602) 991-9110
Fax: (602) 998-6928

CHAMPS MATERIALS

Ordering Information



T-Shirt
(white or black)



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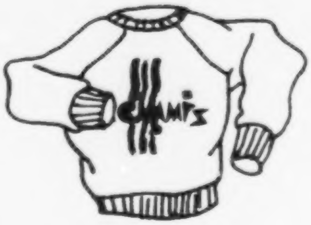
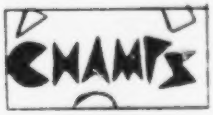
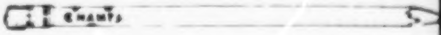


Sweat shirts
(white or black)



Bumper Stickers



Pencils

Pricing Information

T-Shirts	
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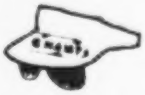


Visor with flip-down sunglasses

T-shirt size information:
Adult sizes S, M, L, XL
XXL $1.00 extra

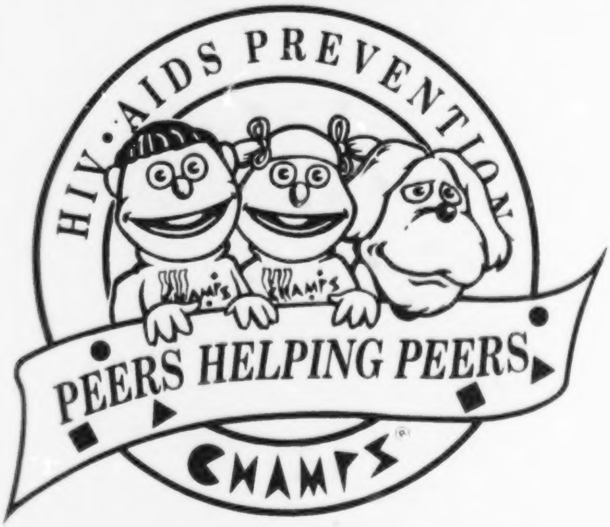
Date ____________ P.O. # ____________
Name of School/Organization ____________
Contact Person ____________
Address ____________
City ____________ State ____________ Zip ____________

ITEM	SIZE	HOW MANY	PRICE EACH	TOTAL
			Merchandise Total	
			Az. Residents Add 6.7% Tax	
			Allow For Shipping and Handling	
			Order Total	

Mail to:
CHAMPS Peer Leadership Inc.
14425 N. Scottsdale Rd. • Suite 400
Scottsdale, AZ 85254-3449 • (602) 991-9110
Fax: (602) 998-6928

200

"CHAMPS"
PUPPETEER SHIRTS



- White T-Shirt with multi-colored print to match the HIV Puppets.
- Heavyweight 50-50 polyester/cotton T-Shirts and Sweatshirts.
- T-Shirt size information:

  Adult sizes S, M, L, XL
  XXL $1.00 extra

- Pricing Information:

White T-Shirt	$ 9.50
White Sweatshirt	$16.50

Date ____________________ P.O. # ____________________
Name of School/Organization ____________________
Contact Person ____________________
Address ____________________
City ____________________ State ____________ Zip ____________

ITEM	SIZE	HOW MANY	PRICE EACH	TOTAL

Merchandise Total	
Az. Residents Add 6.7% Tax	
Allow For Shipping and Handling	
Order Total	

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Scottsdale, AZ 85254-3449 • (602) 991-9110
Fax: (602) 998-6928

In Case You Don't Know . . . . .

CHAMPS Peer Leadership offers a two day Training of Trainers for five-member school teams. Learn a peer process for elementary, middle and high schools with **school-wide impact.**
You will be able to:

- Work smarter, not harder.
- Focus your prevention efforts.
- Turn peer pressure into a positive force.
- Have students become part of the solution.
- Get peer leaders to accept responsibility for creating positive change.

_____ I am interested in CHAMPS Peer Leadership Training information.

Send information to:

Name ____________________

School/Organization ____________________

Address ____________________
City State Zip Code

Phone ____________________

Mail this to: **CHAMPS Peer Leadership**
14425 N. Scottsdale Rd., Suite 400
Scottsdale, AZ 85254-3449
(602) 991-9110